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From
C. B. Kinyon, M. D.

THE

HOMŒOPATHIC COURIER.

A MONTHLY JOURNAL

Devoted to Homœopathic Medicine and Surgery,

VOLUME I.--1881.

WM. C. RICHARDSON, M. D., Editor.

J. T. KENT, A. M., M. D., J. T. BOYD, M. D., J. W. THRASHER, M. D.

Associate Editors.

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VOL. I. JANUARY, 1881. NO. 1.

SALUTATORY.

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Homœopathy in the Southwest has never had a representative Journal, and it is intended that the COURIER, while avoiding everything in the way of a sectional character in the profession, shall demonstrate that this great field is as prolific of practical workers, scientific thinkers and writers as any other part of the common country.

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rials as the demands of the profession may from time to time require.

While PROGRESS shall ever be the motto of this journal, it may be as well to state that it is not called into existence to champion any especial reforms in medicine, or the collateral sciences, but will rather adhere to a conservative policy by giving more attention to the development and extension of established facts and information. Especially is it to be desired that a more perfect knowledge of Hahnemann's Organon, and our already over-plethoric Materia Medica, should be established. The maxim, "*Prove all things, hold fast that which is good*," shall always be kept in view.

Original articles from able writers in the several departments, will appear each month, and these will be supplemented by extracts from the best current medical literature of the day, both home and foreign journals being made to contribute.

It is thought that the plan of having the journal arranged into departments will prove especially valuable to readers, as this plan will make it much easier to find and study what is wanted.

The editors in charge of these departments, making them their especial study, will be able to garner rich harvests from their respective fields of research, and this will be carried forth by the COURIER in monthly installments, so that by the

end of the year our patrons will be possessed of all that is worth knowing in the whole realm of current medical literature.

New books appearing will be reviewed by competent authorities. Society proceedings will receive due attention. Pertinent questions will be answered publicly in the journal. Personal and other items of professional interest, will be published in each issue, and finally friendly controversy shall be courted rather than shunned.

In conclusion, let us say to you, subscribe for the COURIER; read it, write for it, give it your full support, and it in turn will do you good.

W. C. R.

Department of Theory and Practice.

PROF. J. T. BOYD, M. D., Editor,

(623½ Olive Street.)

RATIONAL MEDICINE — WHAT IS IT?

There has been considerable written on this subject, but the writers do not seem to agree as to what it is.

Rational Medicine in contra-distinction to empiricism, must be a science founded on well known laws, and in perfect harmony with all the other physical laws.

To be a science, it must have a primitive fact, or law, on which its principles are founded; and this law must not conflict with any other primitive fact or law. According to Lord Bacon, "A science must be like a dome, supported on all sides by other scientific laws."

Then, Rational Medicine must be a science, regulated and governed by reason, and must be in perfect harmony with all other primitive facts that have any relation to it. Now, where will we find such a Medical Science?

It is not found in Allopathy; for, according to its best friends, it has no such primitive facts and is not a science. Dr. John Hughes Bennett, an acknowledged authority in that school, says, "Med-

icine in its present state possesses no primitive fact. A truly scientific Medicine is yet to be created." *

Another of that school has said that, "It is not a science for a methodic mind, but is a shapeless conglomerate of inexact ideas, as oddly conceived as fastidiously arranged, and is allied to sorcery and other quackery." †

Another, of a later day, and still more eminent, said, "Such in truth do we believe the state of Medicine is in to-day, it cannot be worse; it must mend or end." ‡ And still later, a writer of the History of Medicine said, "The only true plan of medicine is enlightened empiricism." §

It is not in Eclecticism, with its poly-pharmacy prescriptions, containing from six to ten ingredients, many of them chemically incompatible, and more of them are therapeutically so.

The conscientious educated Allopathic physician stumbles on in the darkness, barking his shins against obstructions that he cannot see, and tearing his garments on thorns, that, although he can feel, he cannot see or avoid. So, he has been floundering along for thousands of years, out of one bog of theory into another, until the more intelligent of their number have landed at last in the quagmire of medical skepticism. Before them for the last half century has appeared the beacon light of Homœopathy. Most of them look at it and affirm that it is an *ignis fatuus*, which if followed will lead into the

* Bennett's Practice.
Bichat.
‡ Forbes.
§ Renourd.

swamp. Some of the more liberal and thinking ones, who believe that skepticism, either religious or medical, is an unnatural condition for mankind; that man endowed with a mind that can weigh the planets and read the laws that govern all physical existence—must have settled convictions on all subjects or he is in an unnatural state.

Some of these men while floundering about, ask, WHAT IS HOMŒOPATHY? The ignorant and bigoted exclaim, nonsense! The more enlightened reply like the befogged inebriate, "*damfino.*" Once in a while a conscientious inquirer will seek to follow the beacon light, hoping it may lead him out of the slough of skepticism; knowing that any change must be an improvement from that wherein he is—"that which cannot be worse" which "must either mend or end"—and by following this light he soon gets on the solid ground of the law of SIMILARS, and there he rests while wandering in the thick woods of gross medication, when if he would but follow the light still further he would arrive at the open day of dynamization.

But he sees in the gloom some dishonest unprincipled fellow; who while pretending to have attained to a higher altitude, and to be using the high attenuations, is covertly using gross medicine. The inquirer, thinking that all who believe in dynamization are imbecile extremists or liars, contents himself to still wander on in the gloom. When an Allopathic physician gets his eyes opened by studying Homœopathic books, he at first gives in his adhesion to the law of *similars*,

as the true law of cure; but he still adheres to his large doses of medicine, under the idea that he must in this way produce another disease—and this he calls RATIONAL HOMŒOPATHY! The higher attenuations he ignores, or perchance despises. We know how it is ourself—we have been there.

The Dynamization theory is Rational Homœopathy, as it fits all the requirements of a science. The chemical laws of affinity teach it. Dalton's law of atomic combination of monogenic and polygenic elements, teaches it. Gay Lussac's law of combining volumes, teaches it. The law of definite and multiple proportions, teaches it. The law of electro-affinity teaches it.

The Atomic law is a primitive fact in chemistry. "An atom is the smallest particle of matter that can enter into the composition of a molecule." "A molecule is a group of atoms held together by chemical force, and is the smallest particle of any substance that can exist in a free, or uncombined state in nature."*

Every law relating to matter, has relation to the *ultimate atoms*, whether it is the law of definite proportion, multiple proportion, chemical affinity, or elective affinity. These laws all have relation to the ultimate atoms of matter; not to matter in the aggregate. When a change is made in any substance, it is in its ultimate atoms. If an acid and an alkali are put together and left free to act, the change takes place in their ultimate atoms. When double decomposition takes place, the acid leaves

* Dalton.

one base to unite with the base of another acid. Thus they change partners; all these changes taking place in the ultimate atoms. Again, all life is in the cell, and disease first commences in the cell, according to Virchow; consequently all curative action must commence in that vital part of the cell where disease first commences.

Nature performs all her works by the law of dynamization; there is not a salt or medicinal extract in the cells of any plant, that was not put there by this law. The Sun, as he rolls in majesty in the heavens, shedding life and light to all around, is depositing in the plants part of his substance, (according to Prof. Proctor), and from the rays of this glorious orb the plants, obtain their chromofil, even sending it through the glass that sometimes covers them.

Now here are some primitive facts, and if we admit these we must admit dynamization, for the medicine that is to affect the cell must be reduced as near to its ultimate atoms as is possible, or it will be obstructed in its action. The acid and the carbonate in the Baking Powder are kept apart by the flour, or other substances; and although they have an affinity for each other, yet they cannot act on each other, because they cannot be brought into contact until by the addition of water they are both reduced to their atomic condition; when the carbonic acid is evolved. Solution favors their disintegration. Another primitive fact is, that medicines have an affinity for certain parts of the body, and spend their influence on that part.

Again, there is an increased sensibility of the diseased part, and consequently articles that produce no sensible effect in a state of health will be very sensibly felt in disease. Toxicology teaches another primitive fact, that it is the *remote effect* of the poison that destroys life, not its local effect; and that each class of poisons effect certain organs by the principle of elective affinity. Magendie says, "Tartrate of antimony has a specific effect on the lungs, whether taken into the stomach or injected into the veins." *

Another primitive fact is, that the appropriate remedy goes to the part diseased, and effects it only. Prof. E. H. Clark, of Harvard University, when speaking of strychnine as a remedy for paralysis, says: "It is a singular fact that its action is directed first to the diseased part." †

Pereira says, "Some substances exercise a most potent influence over the organism, without producing any obviously mechanical or chemical changes in the organic tissues. Such substances are said to act dynamically, as hydrocyanic acid, morphia, strychnia, etc." ‡

The law of antidotes is another primitive fact. It is well known that albumen is an antidote to Corrosive Sublimate, and yet even the Allopathic physician will give this poison in the small dose of one-twelfth of a grain. When this article is taken into the

* Magendie's Physiology.
† New American Cyclopedia, Article, Strychnine.
‡ Pereira's Materia Medica.

stomach it meets the albumen and would be decomposed unless it underwent some dynamic change.

The law of crystalization is a primitive fact, and yet who can tell wherein resides the power of crystalization? It will burst any vessel that seeks to confine it. The French Academicians burst a brass globe that would require a force of several tons to sever its particles, by freezing water in it, (crystalization.) What becomes of this power when the crystalized salt is dissolved in water? What has become of the dynamic force?

The law of catalyses is another primitive fact—*i. e.*, that a substance by its mere presence in a compound, exercises an influence over another article, producing a change in that article without itself undergoing any change whatever. As the peroxide of manganese, by its mere presence with chlorate of potassa, causes it to part with its oxygen at a much lower heat than it otherwise would, yet the manganese undergoes no change itself. All these primitive facts culminate in Dynamization, and lead us to the belief that the appropriate remedy has such an affinity for the diseased organ that it goes to the organ affected, not by the circulation, but directly. Consequently, *crude drugs cannot effect a cure*, and those who use them, unless for destroying parasites, are not practicing RATIONAL HOMŒOPATHY. It follows, then, that Rational Medicine requires us to attenuate medicinal substances so as to facilitate their action.

Then, to what extent shall this attenuation be carried? In reply to this we can only say we should

endeavor to separate the various atoms, if possible. But as there is a point beyond which matter is not divisible, may we not carry our attenuations so far that we may have in the mixture some doses in which an atom of the divided matter may not appear? Possibly; but it has been proven that particles of lead have been seen in solid substance, by the microscope, as far as the 12th dec. dilution; so of the trituration of mercury the microscope revealed it in the 10th dec. trituration. And Pereira and Kane mention strychnia as tasting bitter in the 6th dec. dilution.

These instances show that these articles were not yet attenuated beyond their obvious physical characteristics. And toxicology teaches us that the test for some of the mineral poisons reveals them in sensible characteristics beyond the 10th dec. dilution. No doubt the atoms of some substances are larger than those of others, and may be reached much sooner by attenuation.

This philosophy of dynamization accounts for the development of the power in substances, which in their crude state are totally inert. The Allopath concedes this when he uses *hydrargia cum creta*, which is only a mere mechanical division, with chalk, of a substance that in its crude state is inert, and yet becomes by division a medicine of admitted power in the human economy.

According to Apjohn most of the poisons never enter the blood, and after death can only be found in the organs for which they have an affinity during life. This should teach us an important fact

in drug-action, and certainly points plainly to dynamization.

Have we not proved that with this law *Homœopathy is Rational* Medicine? and that it is a science, having all the requirements of Lord Bacon's "dome." It is supported on all sides by other primitive facts or laws, and will stand secure through all ages to come, becoming brighter and brighter as its laws become better understood, and living to bless mankind when Allopathy and her pompous advocates are forgotten in the dust of oblivion.

A CONDENSED MATERIA MEDICA.

BY S. A. JONES, M. D.,
[Professor, Ann Arbor, Mich.]

The schismatic saints of that 'immaculate conception' which chipped the egg at Milwaukee in June last, see only the 'mark of the beast' in the yearning for a Condensed Materia Medica.

Much have I thought of this lately, being led thereto by many letters urging me to signalise my manumission by preparing such a work. Some of these appeals have come from sources so respectable that I have felt obliged to consider them; not, indeed, so much with a view of attempting to supply the demand, as to determine the need for it, and the probability and *possibility* of meeting it.

Rightly understood, one cannot deny that science *should* culminate in a Condensed Materia Medica. *Condensed*, mind you—not curtailed; not a *caput mortuum*. Of these we have already had more than enough in the so-called Allentown Jahr, Hull's Jahr, Lippe's Text Book, Hering's Condensed, and Cowperthwait's *rechauffe* of these last two. All of these are misconceptions; curtailments, not condensations; abbreviations, not analytical eliminations of the 'active principle,' or princi*pal*.

The grand *desideratum* could not be until Allen's grand Encyclopædia had been, and the completion of his work is the first step towards a Condensed Materia Medica. The gathering of this vast store of material was the indispensable initiative; the winnowing is a far more arduous endeavor.

Hering had clear conceptions of the only safe winnowing, and *festina cente* was his creed. He knew that the 'proving' could win its spurs only in its clinical application and *verification*. He was right; all other *criteria* have but a subsidiary value; many of them, indeed, are only 'scientific' *ignes fatui*, beguiling into a slough of despond, after the manner of all such 'lights.'

Holding views so sound, Hering's 'Condensed' is a misnomer; Hering's *Abbreviated*, gives the letter and spirit of the fact. The truth of this is made evident in his *Guiding Symptoms;* and in this work we have CONSTANTINE HERING'S only attempt at a Condensed Materia Medica.

As this work will require eight posthumous volumes, in addition to the two which came out under the veteran's eye, my calling it 'Condensed' may excite a smile in those who are dismayed by the profusion of Allen's *Encyclopœdia;* but surely these men have not discerned Hering's supreme endeavor

to apprehend, (aye, *lay-hold-of*), the *gist* of the remedy. This grand old workman knew that the letter killeth, but the *spirit* giveth life; and for more than half a century he sought for that spirit where alone it can be seen and felt—in the clinical application of the *data* of the 'proving.'

Some have felt that he violated the essential unity by incorporating symptoms derived from the use in disease. Not so; a 'proving' is from the natureof things incomplete—a proving does not produce vertebral caries—a similar disease; state is pre-Raphaelistic to the veining of a leaf, and we find in the calcic phosphate a *similimum* for one form of vertebral caries, in its entirety. Having endeavored to let disease supply *details* where the proving had given (could give) only *outlines*, he has largely succeeded, and they who ignore his 'Guiding Symptoms' needlessly limit their own usefulness.

From our standpoint, then, it is evident that, in the clinical application of the 'proving' we find the chief avenue to the obtaining of a Condensed Materia Medica.

To be sure, this very avenue can, and does, lead to fallacies innumerable, as much 'High Potency Practice' amply evidences; but shallow cerebral convolutions will aberrate in *any* avenue, and the avenue must not be blamed! A searching analysis of all published 'cases' is, then, an indispensable preliminary, and such symptoms as can rightly wear the stars of generalship for "services in the field," will form the safest contribution towards a Condensed Materia Medica.

Altogether secondary to this is a pruning of the redundancies in the Encyclopædia. The duplication, triplication, quadruplication of a symptom is, as many provers believe, a most desirable evidence

of legitimacy; it at least suggests one and the same father, and provers, we know, are suspected of 'easy virtue,' as the word goes. It is also proper to have these evidences of legitimacy duly recorded in an Encyclopædia; but in a Condensed Materia Medica only *one statement of the same fact* is allowable.

Some have wished that this plan had been applied to Allen's Encyclopædia; but somewhere they must be recorded in all their actual multiplicity, and the Encyclopædia is the place.

No other abbreviation is to be tolerated except such as is justified by clinical experience, and these two methods would largely lessen our Encyclopædic storehouse.

But if a Condensed Materia Medica is to include only such symptoms as appeared to the majority of the provers, we shall surely omit some of the most valuable, for idiosyncracy has claims which *must be respected* in every 'proving'—and if we incorporate only such as have been clinically verified we shall doubtless condemn many a symptom because it has not happened to have had a hearing in the clinical court. If the developing of our Materia Medica has required a century, why not a century or two, or three, for its verification? We can make a 'proving' at will; we can demonstrate its verity only when the golden opportunity comes to us. That may come to-morrow, and, may, perhaps, only in 'Plato's year.' Hence HERING'S profoundly prescient *Festina Cente!*

Mine eyes look not for *the* Condensed Materia Medica. It may come in 'Plato's year,' or when, with clearer views, we can see in it all the grand simplicity that marks the works of Him whose inscrutable plan hid virtues in the flowers of the field.

If it shall come, it will be as the last of a series

of eliminations, a series that will gradually exclude the generic in each remedy by cancellation, until, at last, only the specific—the absolute value—of the remedy will be left. This feature will be written in a single line, as the *anxiety* of aconite, the *asthenia* of prussic acid, the *restlessness* of rhus, and so on. Each remedy will have its voice, and be known by it, as was King Lear, in that night of storm and darkness.

That this is not a mere dreamer's fancy is shown by the fact, that in the "key notes," or characteristics, we have a foreshadowing of the ultimate identification of a remedy by its intrinsic individuality; and *this individuality* is not shown by erratic warts and birth-marks, as your Repertory makers imagine. A truant lock of hair might have hidden Cromwell's wart at Edgehill; but what could hide the voice of him who commanded in the name of the Lord God of Hosts? We want not warts and telangiectasic birth-stains, but the SPIRIT, and this we shall reach when we get through the rind of things. We must drop synthesis for analysis, and though this may seem to lead us to several centres in a drug's action, all essential to its unity, yet we must keep on and on, until, at last, is revealed to us the *punctum saliens*.

"So runs my dream, but what am I?
An infant crying in the night;
An infant crying for the light,
And with no language but a cry."

CASES FROM PRACTICE.

BY R. A. PHELAN, M. D.,
[Prof. of Materia Medica in the Homœopathic College of Missouri.]

Miss P., 19 years of age, was sunstruck in the summer of 1864, from which time till the 17th of July, 1868, she had been insane. After repeated efforts of medical men had failed to restore her to health, she was sent to the State Lunatic Asylum in the spring of 1865, and kept under treatment and discipline thereof, during a full term, at the expiration of which she was returned to her father's home without any amendment whatever in her condition.

At the close of another year, seeing that she was getting worse, and becoming almost unmanageable, she was sent back to the Asylum, and kept there during the course of a second term, and again returned to her father's house as incurable.

What the symptoms that characterized her case during all this time were, we did not learn, except in a general way, not essential to be mentioned here; but in her peculiar state she continued until the 17th of July, aforesaid, when she came under our treatment.

The condition expressive of her derangement, and for which we prescribed, were the following, viz: Unsteadiness of purpose, with almost constant tendency to move some part of the body; indisposition to converse, especially with, but making determined answers to strangers; and an occasional exhibition of *silly* laughing during her agreeable intervals. When her wishes to go into the streets met with the opposition of her parents, she flew into a rage, and used all the force at her command to carry out her determination—she would cut with a knife if it

came in her way—and when she got out she walked hastily on her way, singing and dancing, and laughing, and waving her hands. These circumstances were observed to be much aggravated in the afternoon and evenings, and especially at the approach of and during the first day of the menstrual period; particularly the eyes when in anger, the pupils of which seemed to be more than ordinarily dilated most of the time—the menses being premature, dark, clotted and rather scanty.

These indications taken in conjunction with the very characteristic original cause whereby they were generated, and as a consequence of which they continued to exist, marked definitely enough the course to be pursued in their eradication.

What was the cause? The alternation of remedies? Here was a good case for that practice. The exhibition of Bellad. and Hyos., if you please. But we cannot *alternate*, because that is not the style of Homœopathy; not even if such a practice were allowable should we resort to it, for the reason that we should be afraid lest the modifying influence possessed by one remedy over the action of the other, might compromise the chances of success so as to prevent us from restoring to home and society, a once beautiful and accomplished young lady. What was then left us to do in so important, and to her friends, so hopeless a case? Nothing, but as a true Hahnemannian, to carefully individualize in selecting the proper remedy, and having found it, to administer it in the smallest quantity capable of curing the case. Now which of the two named remedies covers the case the most perfectly? Both have laughing, singing, furious actions, rage, attempts to strike, and aggravation of symptoms in the afternoon and evening, and before and during menstruation—in common, individualize farther.

With Bellad., however, and not with Hyos., do we find the dislike to conversation, the constant disposition to move some *part* of the body, especially the hands; the condition of the eyes; the majority of the symptoms connected with the menstrual appearance, and to the cause of the disease; it stands in the very highest order as a remedial agent. Bellad. was therefore the remedy, and accordingly, we, on the 17th of July, 1868, gave the patient one dose thereof, in the 4000 potency (Lentz's preparation), with the usual allowance of Sac. Lac., for one week, and departed.

On the afternoon of July the 19th, the lady's father informed me that she had been unusually excited the previous evening, and during that day, and thought the medicine might be too strong. This was an aggravation. This was an aggravation. July 24th, found the patient unusually quiet—had been so for three or four days—was more communicative, and general appearance favorable. Sac. Lac. furnished for one week—July 27th, her father called to see me, and informed me that she was "getting along finely"—was making herself generally useful about the house, without being asked, and evinced no desire to leave home on any account. July 31st, patient wonderfully improved, almost natural in her conduct—no excitement or restlessness, conversed with apparent ease; parents delighted, but feared a return of her difficulties at approach of menstruation—a natural fear which was shared in even by ourself. Sac. Lac. for one week.

August 7th, still gaining in every respect, very quiet and orderly—patient sewing when we reached the house. Placebo for another week. August 14th, menstruation present one day too soon; and much to the gratification of all, accompanied by no aggravating circumstances, ex-

cepting that she appeared more reserved in her manner. Placebo continued.

Suly 22d, was informed that menstruation passed off almost naturally—was much more profuse, and not dark and clotted as formerly; patient gained much in strength, and certainly in appearance. Sac. Lac. for one week. At the end of two weeks more, viz: on the 5th of Sept., it was almost impossible to notice the difference in her actions, from those of other people; she was then attending church, and visiting her friends, as naturally as she ever did in her life, and nothing of her old difficulties remained to be discovered, except in the impression amongst her friends and acquaintances that she once was insane. Her father remarked that he would be delighted if he thought the great change would continue when she dropped off taking medicine. The remark was made in that spirit which betokens an over-anxious ingratitude (if we might so express it); Homœopathy must cure at once what his favorite system (Allopathy) had failed to do in four years. How much of this we see! We informed the gentleman that the cure was complete; and on that day, being six months from the time we began the treatment, surrendered the young lady to her father and mother in a perfect state of health.

I saw the lady as late as the 11th of October, when she continued perfectly well, and wonderfully improved in general appearance; and as late as the 14th of November, her father told us "he could see no end to her improvement." We have no disposition to become popular by giving such cases to the public, but in important ones of this sort, when a system 2000 years old has so utterly failed to effect a cure, we regard it as due to the friends of the Homœopathic law of cure throughout the world—that the principles of pure Homœopathy which

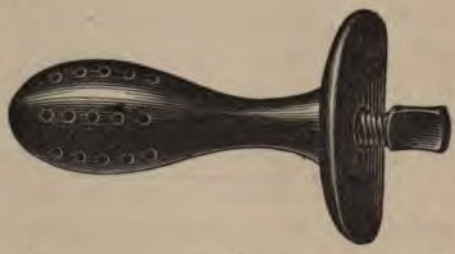
they so much admire, find an echo even in the great Southwest where it has been supposed that only mongrelism flourished. The case is also a refutation of the materialistic tendency of the day, in proving conclusively that the infirmities to which our poor nature is subject, can be safely and surely removed, even the most deep-seated of them, by infinitesimal doses of medicine. They cannot be cured in any other way; and if they could, gentlemen ought to spare poor human nature by guarding her against the evil consequences that must necessarily follow the administration of *crude* medicines. Reflect on this case which was cured by one single dose in the 4000 potency. Follow Hahnemann and you can all do well.

Department of Electrology & Neurology.

J. T. KENT, M. D., Editor.

A NEW RECTAL APPLICATOR.

In managiny some forms of nervous affections, attention is drawn to induration and other structural changes of the anus and rectum, as a primary cause. Medication of the anal outlet has been more embarrassing than of any other regions, and mechanical treatment has been found andrologeous. The following improved anal plug or *Rectal Applicator*, has served a valuable purpose in a two-fold way :



It affords a means of dilatation as well as a constant suppository. The screw plunger may be turned at will, constantly forcing out such medicaments as are placed within the cavity of the Applicator. Iodoform and cosmoline, or ergotine, extract of rhatany, with any convenient unguous substance, may be used. This instrument is presented to the profession as an improvement on the old anal plug.

THE ABUSE OF ELECTRICITY.

The abuses of Electricity are becoming so common, it behooves that a word be spoken to prevent honest minds from falling into the practice of misusing this valuable force.

A patient may enter the office of any doctor and relate a history of spinal irritation, which is elegantly cured by general faradization properly applied, and the doctor places himself in a fine chair, passing currents in every direction through the body and extremities, the patient of course not much benefited only for the time. The fact is the patient has been humbugged by the conveniences of an electrician. Such may be mentioned as one of the abuses of electricity.

The same patient can be cured in a short time by being placed on a common stool, with his feet upon a common foot-pad, and the operator at the side of the patient applying a sponge to the tender points in the spinal cord. This takes time, and perhaps the exercise of brains; but it is the only way to cure.

There is no place for the electrician, as a specialist. The eye, ear or lungs, or any part of the human body, may be selected for a legitimate specialty. But electricity must be used by every doctor as a part of his means for the cure of the sick. It is not uncommon to find a doctor who claims to practice entirely by the use of electricity—he cures

everything by electricity(?). He has *electro-magnetic chairs, electric batteries, etc.* The people have only to treat themselves; make a diagnosis of the case, and prescribe for themselves these electrical contrivances, and go to these places of resort and buy so many Ohlms of electricity and be healed. The doctor in charge is not of the kind to advise other treatment for this case, but to urge a continuance through an indefinite period, at one dollar a seance!

Electricity is perhaps as useful as any force in our hands to apply. But it should be held in the background like any other agent, until the time comes for its use, when it should be used with intelligence, and not the same kind or quality for every case. A doctor who does not know how to administer electricity, does not know whether electricity will cure a certain case or not; hence the folly of sending patients to an electrologist to receive electricity. It is a common occurrence for us to receive patients from doctors, with the following advice: "This patient is suffering from —— he needs electricity; will you be so kind as to attend to him?" Many times, if we were to carry out this advice, the patient would not recover, and electricity would be condemned. But, to please the doctor, the patient receives the electricity, and a single dose of medicine; but in such cases it is the latter which cures the patient, though the electricity gets the credit.

There are many cases not well managed by med-

icine, that yield to electricity. It is as necessary to know what conditions can be cured by electricity as to know the law of the Materia Medica; and, also, it is necessary to know what is the best manner of applying the force. The doctor who has no time to devote to the use of electricity in the cure of these troublesome chronic diseases—or who is too lazy to stand on his feet a half hour, to relieve one of the chronic sufferers—had better not bother his head with electricity, as he will not be likely to cure many patients.

MANAGEMENT OF DISPLACEMENTS OF THE UTERUS IN NERVOUS WOMEN.

After a satisfactory examination has determined that a displacement of the uterus is present, and also the true nature of the displacement, the organ should be replaced in its natural position in the pelvis, as near, at least, as can be accomplished by the methods in vogue, of which the operator may take his choice.

The most natural inquiry now is before us, viz,: How can the organ be held in position? Mechanical support is often worthless, and, in unskilled hands, it has been the cause of untold injury. Yet it is not our purpose to decry pessaries, as we have

accomplished some good with them. But we shall in this paper attempt to show the manner of treating these troubles physiologically.

During the treatment that we shall direct, the uterus must be restored as often as displaced. When the posture and the index finger will perform the work, it is better than the too frequent use of the sound. When the relaxation is great, in debilitated patients, we immediately put them to bed—of which we shall have more to say before closing this paper. The milder forms must first receive our attention. Such cases are generally able to go about the house, and attend to their duties with no inconsiderable degree of irksomeness, nevertheless, they work, and come to the office for their treatment. With the above injunctions in view, the treatment of displacements and prolapsus in all degrees is the same.

The causation and immediate condition of the pelvic viscera must be studied cursorily, in connection with the means of relief. It must appear at a glance, thet relaxation is always present, not simply confined to the suspensory ligaments, but extending to the entire pelvic viscera and abdominal muscles. Then, to effect tonicity and contractility must appear to be the all-important object to be accomplished.

There are many causes mentioned by which these results are brought about, but one we cannot refrain from mentioning, as it figures so often in preventing our cases from a satisfactory recovery. It is

sexuality. We have not seldom had to compel a temporary separation, sending the wife on a visit for a period, before treatment would result in any benefit. We do not so much refer to sexual excess, as to imperfect coition—unrequited passion. Sexual excesses are not so often the perpetrating cause, as many authors would have us believe; but, in the sense of unrequited passion and mismanagement of the sexual functions, we are firm believers, as giving rise to more mischief than all other causes combined. Indeed, if any class of patients we were to avoid, it would be the managing of the uterine disorders of maidens; and few maidens reach advanced years without suffering from prolapsus, or some of the common displacements, unless my experience differs widely from that of other observers.

The mere mention of sexuality as we have given, will be quite sufficient to convince any person that we are advocates of marriage for the cure of prolapsus in maidens, and we are not writing without experience. We are perfectly convinced that normal coition is conducive to health in all beings. After correcting any mismanagement in sexuality, we next direct attention to *cleanliness*, which is no less important in the treatment of these cases; without cleanliness not much should be expected from any method of treatment. It may be thought best to accomplish this end simply by warm injections, with a vaginal syringe, in conjunction with proper bathing and brisk friction. By too warm applications great good will not so likely result, and will

only increase the relaxation, the reverse of what is most desired. When cold-water injections are agreeable, they should be used; but some females suffer from neuralgia after the use of cold injections, and, in such cases, warm water must be substituted, with simply the chill taken off. Lifting overgrown children, running sewing machines, too long walks, running up and down stairs, etc., must all be avoided.

After we have looked into the perpetuating influences of these disorders, we may advise intelligently, but often we do not find them all, until a failure to cure threatens us, and urges us to look further into the surroundings of our patient. The mild cases which we are now especially considering, we propose to treat by electrization. The larger portion of these cases will be much improved by general and localized Faradisation. We place the patient in a chair, with the back and abdominal surface accessible to the hand, or sponge electrode—her feet are placed in contact with a zinc foot-plate, well padded with sponge and wetted when in use. If there be much tenderness along the spinal cord, which is quite commonly the case, we connect the cathode with the foot-plate, and apply the anode sponge to the spinal column, sometimes using the hand instead, also stroking the muscles of the abdomen, combining massage with electrization. The muscles of the abdomen are vigorously rubbed. The current should not be of strength to produce painful contraction of muscles, but the muscles

should all be made to contract perceptibly for passive exercise. To the tender places over the cord, the anode should be applied for five minutes at a time. The general Faradisation should be continued as long as twenty or thirty minutes each seance. This should be repeated as often as every four days. The localized electrization should be commenced immediately, by the introduction of an intra-uterine electrode; if too much irritation be present, a vaginal electrode must be substituted; a small sponge upon an insulated holder, will answer the purpose in the latter case. When great tenderness (*hyperœsthesia*), is present in the organ, the anode should always be used. The cathode may be used over the muscles of the abdomen, lumbar cord and cauda equina, also, sometimes introduced into the rectum or bladder. At no time should the current be painfully strong. We do not hesitate to remark that intelligent electrization, not electricity, added to other proper measures, will restore nearly every case of the broken-down females of our period.

This leads to a class of patients, materially different in constitution and general surroundings. They are nervous, unable to exercise, anæmic, and suffering from long illness. The causes are numerous and their condition deplorable. We sometimes begin even these bad cases, if they are not entirely bedridden, by the above process, and generally fail; after which we put them to bed and pur-

sue Mitchell's* treatment, which consists of rest, massage, electricity and diet; rest in bed from three to four weeks, with daily massage, by an experienced masseur, electrization and physiological feeding, will be found highly important measures, and well worth careful and candid consideration. Massage, as a means of depriving rest of its evils, is a most satisfactory agency, and has been too much left to charlatans.

In returning to individual measures, it is quite necessary to remark, that local electrization is insufficient to effect a cure in most if not all cases, but it will assist in bringing about local tonicity, after the entire system, and especially the vegetative centers, have been brought under the influence of the current. In cases of great debility, we generally delay the localized electrization until the patient is eating well, and shows some signs of improvement in nutrition. With a short continuance of general Faradisation, the patient will be so improved that local electrization may be commenced and continued in alternation with general Faradisation, with increasing improvement. When relaxation is extensive, and general and localized Faradisation have been continued two or three months, without any perceptible improvement, the galvanic current should be resorted to, by centrally galvanizing the sympathetic, and locally galvanizing the uterus and its ligaments, also the abdominal mus-

* Vide, "Fat and Blood, and How to Make Them," by S. Wier Mitchell.

cles. The nutritive processes are markedly favored in some cases, by changing Faradic to the galvanic current.

It may be asked, why we do not say something about electrotonus, or more about the differentiation of poles, as applied to electrization of these disorders? In answer to such a question, we must say that the point is sometimes important, but not so important as it might at first appear. This subject must be duly considered before venturing very far into electro-therapeutics. It is a question belonging essentially to electro-physiology, and it is but reasonable to suppose that any physician has made himself familiar with his electro-physiology before advancing far in electro-therapeutics. In this connection, it is proper to add that the effect of electricity in acting upon the tissues and producing changes in the human body, is not unlike the action of drugs—*i. e.*, manifests a primary and secondary action upon cell life, and in modifying the functions of organs. To know when the one or the other may be produced, we must have had extensive experience, and these are at this time open questions. That we produce an electrotonus and catelectrotonus at the respective poles, is not a question; but that greater changes, in a therapeutic aspect, will follow the one or the other pole uniformly, is a question. In attempting to restore tonicity by stimulating the nutritive changes, is the chief aim, but we have observed very little difference in the use of poles when confined to this ac-

tion. When well defined clinical rules are not at command, the physiological laws must ever be our guide. Medicinal agents are useful, but in regard to which we have nothing new to offer. Our treatises are ample in marking out the use of agents of this character.

A CASE OF CEREBRAL TRAUMATISM.

BY DR. DANIEL KUHN.

Mrs. F. received, April 14th, 1880, at four o'clock in the evening, a shot from a small pistol. When I saw her, twenty minutes after the accident, she was conscious, but vomiting. The ball entered just above and in front of the right ear, at the termination of the helix, and passed downward, backward and inward. The probe followed the track until opposite the auditory canal, having entered the bone; blood flowed from the ear showing that this canal had been injured, and immediately after probing, the patient had a severe convulsion, in which she turned to the left side; the face was drawn to the left side. The convulsion lasted about ten minutes, after which the patient went into a deep stupor with stertorous breathing; the stupor continued one hour at this time. She had another convulsion similar to the first, with turning to the left side, and followed also by stupor. About the time of her recovery from this stupor, three hours after the accident, Dr. Hodgen saw her, she was then restless—sick at stomach—and inclined the head to left side. During the night heavily complained, when awake, of dizziness in the head, and asked frequently that

something should be given her to relieve it. The dizziness was much intensified when she turned to the left side, or allowed the head to rest on the left side; had darting pains through the right ear. She remained very much in the above condition, except the vomiting and convulsions, until the 16th, when she complained of a constant hammering up-stairs; when told that there was no hammering up-stairs, she referred it to her head; was much disturbed by it, and asked her attendants to listen that they might hear it also. Lightness of head and nausea continued. Has had no more convulsions.

April 16th.—The nausea is less, the dizziness less, but is increased when she turns to the left side, and she cannot get up because of the dizziness.

April 20th.—The noise in the head has ceased; the hearing is almost perfect. When she walks there is a constant tendency to turn to the left; the gait is very unsteady.

April 23d.—Patient is improving rapidly, in every respect.

On the 10th of May, I called to inquire about her, and found her quite recovered, and she so continues to this day.—*Alienist and Neurologist.*

CLINICAL ILLUSTRATION OF CEREBRAL LOCALIZATION. *

BY H. H. MUDD, M. D., ST. LOUIS.

William Ford, colored, aged 32, and healthy, was struck with a stone on the left side of the head about

* Being part of a paper on 'Cerebral Localization' read before the Missouri State Medical Association, May 18th, 1880, at Carthage Mo.—ED.

one and three-quarter inches to the left of the sagittal suture, in a vertical line drawn three-quarters of an inch in front of the parietal eminence. The blow produced a scalp wound, but did not render the patient unconscious, and he continued at work as teamster, for four or five days, when headache and dizziness compelled rest.

I saw the patient at 6 P. M., Oct. 27, seventeen days after the injury, and found the scalp wound healed; no thickening or œdema about it, but slightly sensitive. There was very little, if any, irregularity detected in the bone by firm pressure. He was at this time suffering with epileptic convulsions, which commenced on the night of Oct. 24, by irregular jerking of the right hand. He next observed the same involuntary jerking in the right leg. The first general convulsion occurred at 12 M., the 27th inst. The convulsion involved only the right side at first, but finally included convulsive action of all parts. He was entirely rational between attacks, but lucid intervals became shorter, and convulsions more prolonged and severe.

I gave bromide of potash, grs. XL, at a dose, and the convulsions became less frequent and severe, during the early part of the night; but the next morning, nothwithstanding continuance of use of bromide, they became more severe.

At 9:30 A. M., the 28th inst., I trephined at site of cicatrix in scalp, and found upon denuding the bone that there was a line of fractureabout three-eighths of an inch long, showing a slight depression, possibly one-eighth of an inch long. I found the inner plate very slightly depressed, and the bone at the site of injury congested and somewhat softened; dura mater not injured, but seemed to be tense. As anæsthesia passed off, the twitching in in the right arm and leg reappeared; but at 4 P. M., the same day, all convulsive twitching disappeared.

Nov. 28.—Wound healed; feels well, and has not had convulsion or headache since operation. April 27, '80.—The wound afterwards inflamed and suppurated, and he had epileptic spasms, which were relieved when the pus was freely evacuated. Since it permanently healed, he has at intervals, varying from three weeks to four months, had an epileptic seizure. It is possible, I think, that these have been produced by thickening about the wound, in consequence of continued suppuration.

This case presents some interesting features. The convulsions supervened on the seventeenth day after injury, and were preceded by twitchings of the arm and hand, but prior to the development of general convulsions, no evidence of inflammatory action was present, no marked depression; the line of fracture could not be determined through the natural scalp; inner plate of cranium did not press upon or injure the cerebrum; the dura mater was not broken or inflamed, but was irritated by the focus of irritation in the bone, which was unnaturally vascular and somewhat softened.

The muscles involved in the spasm indicated, the site of the lesion, and the removal of this point of irritation relieved this epileptic spasms.—*Alienist and Neurologist.*

DEPARTMENT OF OBSTETRICS,

W. C. RICHARDSON, M. D., Editor.

GYNÆCOLOGICAL HOBBIES AND ABSURDITIES.

Much has been written and said about the subjects that head this article. It seems, however, that there are still men who though generally accredited with a fair amount of common sense in other affairs, every now and then take it into their heads to run amuck of the poor women.

The art of Gynæcology, like all other special departments in medicine, had to rise up through crude empiricism. First, we had the *pessary* fashion, during which period nearly every woman that was ailing, no matter what or where the trouble was, had to have a pessary. Pessaries were introduced in cases of bronchitis and ophthalmia.

Next we had the *cauterization* craze, during which aberration every woman that could be reached by the would-be gynæcologist, was supposed to have an ulceration, and had to submit to some kind of caustic application.

The next mania was the most audacious, if not the most useless of all—*Hysterotomy*. Every case of painful menstruation it was thought could be relieved only by slitting up the uterus.

Of late years the manias are not so deep-seated, and a hobby or absurdity usually lasts but a year

or two, as may have been noted by acute observers. We have lately been afflicted by our gynæcologists with their sub-involution, recto-ophorotomy, and lacerated cervix manias.

The last, or lacerated cervix absurdity, is the most preposterous of all. We do not mean to be understood as wishing to convey the idea, that there are not, here and there, cases in which there may be present the pathological conditions referred to, or in which any one of the operations mentioned may not become necessary.

What we do most vigorously protest against, however, is the blind, reckless indiscrimination, with which a majority of our specialists in diseases of women, rush insanely after the suggestions or intimations of the great lights of the profession.

Let a Wells, Thomas or Hewitt have half a dozen cases, out of a couple of thousand, that demand a certain unusual or extraordinary operation, or method of treatment, and immediately all the small men will take up the cue, and out of a scant hundred or two patients, find forty or fifty to which the new proceedure in their opinion is just the thing.

Batty, with his several successful operations of removing the ovaries, has started a furor that threatens to supercede everything else. But fortunately there is rather too much danger connected with this proceedure to make it of any lasting popularity, besides its rival, as a novelty, laceration of the cervix, is not only considerably less formidable, but also requires less skill.

We have heard of one or two cases in which our

genus, specialist in gynæcology, has even diagnosed and proposed to treat lacerations in the virgin uterus! On the other hand we have a class of men who try to make themselves notorious, and build up a practice by boasting that they never examine physically, never operate, and never treat locally uterine diseases. This last class of practitioners is perhaps the most absurd of all.

The moral to be attained by studying these various hobbies, from a rational standpoint, is that the careful observer, by weighing them all, may be able to gather some small amount of good from each; and in the meantime the art is advancing slowly, and at the expense of much suffering on the part of women, to something like a scientific basis. While rash and venturesome ones fly off on a tangent, at the merest suggestion, the really conservative are treasuring up valuable and useful knowledge.

The instruments, skill of manipulation, knowledge of pathology and treatment of to-day, are incalculably far ahead of what they were before hobbies were in vogue. And we look to the day as not far distant—it is in fact dawning—when gynæcological surgery and therapeutics will no longer be a reproach to the profession.

INTERESTING OBSTETRICAL CASES.

BY M. M. EATON, M. D., CINCINNATI.

Mr. Editor:

Accepting your invitation to write something for your journal, I will report two cases of obstetrics, which were of interest to me. The first is that of Mrs. L., of this city, aged 26 years, spare build, light complexion. She returned from New York three weeks since, at which time she was six months advanced in pregnancy, with her first child. The day following her return home there was a gush of water from the vagina, and I was called to see her. I found her feeling well, and upon making a digital examination *per vaginam* I found the *os uteri* closed, or nearly so, and the cervix uteri long and hard. The movements of the child were still noticed; I advised rest in the recumbent position, and left secale, 6th, to be given if there were any pains experienced.

The next day I found everything in *statu quo*, the flow of water being profuse, with no blood, and only feeble uterine contraction, which the secale at once arrested; movements or the child less distinct. Thus things went on for twelve days, the flow of water being so profuse as to often saturate three napkins in an hour. On the twelfth day the pains came on strongly, and having given up all hope of saving the child, I applied *Bell Ointment*, diluted one half with vasseline, to the os uteri, and

gave some chloroform. After obtaining some dilation of the *os*, I made out a back presentation, (or rather no presentation, with a transverse position.) I succeeded in turning the child by external manipulation, and brought the head to the internal os. A few hours afterwards I found a hand presenting by the side of the head, and after a while the funis came down also; still I could feel the sutures and fontanells distinctly. Pains now ceased, and I gave the patient a rest. The next day, on visiting my patient, I found her suffering severe pains, and an examination revealed no cord, no hand, no head; but in their place a breech presentation. I dilated the *os* by using *Bell Ointment* and manipulation, gave chloroform to aid relaxation, and finally delivered a dead child, by the breech. Now how did that child get turned completely around? The vast amount of amniotic fluid discharged is another wonder. The placenta was easily delivered, and the mother is nearly recovered.

CASE SECOND.

While attending the case just narrated, I also attended a case of confinement at full term. Patient 30 years of age, pregnant with second child. I arrived before the membranes were ruptured, and at the proper time ruptured them myself, though there was no bag of water. The pains being rather inefficient, I expected advantage from rupturing membranes, the os being well open and the head presenting in first position, but no liquor amnii was

discharged then or at any other time, during the delivery. I discovered none, the bedding was not soiled or wet. I delivered a healthy, strong female infant, weighing eight and a half pounds. The mother had been well during gestation, both mother and child are now well and strong.

I do not see how this child got along so well with no amniotic liquor. The first case seemed to secrete it in quantity beyond belief; the second was as dry as the desert. I have never before seen such a dry case as this last, nor so wet a one as the first. They lived but two squares apart, therefore not due to locality; both slender, therefore not due to excess or want of adipose; both had kind husbands, who pay promptly; therefore, no mental strain. Well, I give in; call them freaks of nature, etc. But that child's turning, end for end, after I had left it, beat me the worst; but it died doing it, the prolapsed cord pulsated, showing the child alive. After he turned around, and I got him to back out, he was dead as a nit. A warning to other unborn children not to cut up in that way, even to escape a flood.

DEPARTMENT OF SURGERY,

J. W. THRASHER, M. D., Editor.

SYPHILIS.

It is an acknowledged fact that the exact nature of syphilitic poison is little known. We use a term to designate a condition, as in malaria, and how little we know of the real nature of such a poison. We only know the effects of a specific poison called syphilis. Its phenomena are well known, and the devastation it leaves in its course. What the poison is outside of its name, is a problem very unsatisfactorily demonstrated. There is, perhaps, no condition to which the human race is subject to, where more skill and care are needed, than in this loathsome disease. And still, no class of individuals is more imposed upon, drugged, or duped by charlatans and quacks. Nearly every one you meet has some kind of a nostrum or recipe for venereal diseases. And doctors are very little better, and especially the regular, who has his favorite formula for the different forms of venereal affections. The treatment is just as varied and unsatisfactory as our knowledge of the character of the poison.

Theories of every conceivable kind have been advanced, as to the mode of treatment, the possibility of eliminating the poison, etc. By some it is

thought that the poison can never be eliminated, and if its ravages are stayed it has made its impress upon the system which will modify the patient's health during the remainder of his life, and prone at any time to make its appearance in the most destructive manner. Others advocate as strongly its entire removal from the system. It seems that more depends on the manner of the patient's habit, mode of living, and his power to resist the poison, than either of the extreme arguments. A patient who is strictly temperate, and occupation such that he may protect himself from cold and wet weather, may, to all appearance, be classed with the former; and the patient who seemed as radically cured as the latter, from a want of temperate habits and the natural comforts of life, might be classed with the former. Hence, like most of subjects, it has advocates on either side, who are wholly absorbed in their own ideas, and determined to bear their side of the question to victory, if all else is wiped into oblivion.

In too many instances investigation and success are hindered by prejudice, personal strife and sectarian differences, which are sure to hinder the physician from treating the disease scientifically and successfully. There is not a vestige of science in treating any disease by recipes. Any old woman, without any knowledge of medicine, whatever, can do as well as the physician who treats his patients by formulas. Nothing is better calculated to dwarf the intellect, dry up the channels of thought, and make a brainless head than such a

method of practice. It is a prolific source of indolence. It requires research and thought to find the exact remedy in each case, the neglect of which is the cause why so many Homœopaths fail. Whenever a physician fails to seek out the true similiar in each case, he fails to ply a grand principle, and fails as a Homœopath. And the great tendency of the busy practitioner is to glide into a sort of routine practice, giving the same remedy to patients suffering from the same disease, irrespective of the conditions present. We might as well give one remedy for all cases of diarrhœa, as to give mercury in every case of syphilis.

There is, perhaps, a greater difference in the treatment of primary chancre, than in the secondary and tertiary forms. Allopathic authorities generally advocate the destruction of the chancre, and if destroyed within five days of inoculation, the probabilities are that there will be no systemic contamination. Other authorities, just as noted, claim that there is no need of destroying the local sore, that it becomes a constitutional disease the moment of inoculation—which fact is pretty well established—and should be treated constitutionally from the beginning. There is no doubt but what the system absorbs the poison as soon as inoculated, and continues to absorb it as long as there is a destruction of the tissues at the point of inoculation. And not only is a fresh supply being furnished by the chancre, but that already in the system is uniting its intensity, and doubling its forces; so much, that the surgeon

has a dual battle of neutralizing the poison already in the system, and arresting the continued accumulation of the poison; whereas, if he were to thoroughly destroy the fountain-head, the effects could be more easily arrested. There would be little use in trying to dry up or change the bed of a river, by interfering with its tributaries. Hence, we consider it better to proceed, at once destroy and cut off the supply of the poison, and then look after the phenomena.

From the fact there are numerous cases on record, to prove conclusively that the mischief is not near as general and destructive where the chancre is destroyed early, as when let run its course, as many cases recover and escape secondary symptoms for years, with no other treatment than the destruction of the primary sore. From this it seems rational to dry up the source of the poison from whence the system absorbs the offending element, and proceed at once to neutralize or eliminate the poison, if it be possible to eliminate such a mischief, which can be done now much easier than when the solids and fluids of the body are all permeated with the poison. The question is, how shall this done? With caustics, in the destruction of the sore, making a simple sore of a malignant one—or, with cautery and constitutional treatment combined? A great many of the regular authors tell us that mercury should not be given in the primary stage, that it aggravates and produces conditions more grave than the disease. That is true from an Allopathic standpoint, but the

opposite from a Homœopathic point of view. The former give it in doses only calculated to deplete, and produce difficulties that are as serious as the malady in its worst forms.

It is this heroic treatment, so called, that has caused so many to discard it in the primary form of syphilis. If given homœopathically it is capable of producing the very best effects, and is not at all liable to produce any conditions but what are desirable and advantageous to the patient. We can readily conceive why our illustrious founder, Hahnemann, took the extreme opposite in the treatment of chancre. And it is mysterious why men that know the havoc produced by mercury, in such doses, will continue its administration in such unreasonable quantities, even when given, as they claim, wisely, is to push it just far enough to show evidences of pytilism, and no farther. If given homœopathically it is the very best remedy that can be given in such a disease. We have yet to meet the first case of chancre that cannot be successfully treated by the destruction of the primary sore, and a strictly homœopathic medication employed. When we say homœopathic, we do not mean to prescribe mercury in every case, but give any remedy indicated at the time of prescribing. For instance, if the mucous membranes are involved, we should consider arsenicum alb. and similar remedies, or the skin stillingia—not the fluid extracts of the common drug shop—but the mother tincture in drop doses; or, kali iodi, the first or second triturations—not in 60 and 100 grain doses,

as we once heard a professor teach in one of our hospitals. He also claimed that "he did not know why he gave it, but it was the only remedy that would do, and was no good unless given in large doses.

Mercury should also be given not lower than the third, and higher if indicated. Corydalis' foramosa the mother tincture, or 1st dil., serves a good purpose, especially if the patient has been abused with mercury and potassium iod., in which the latter cannot be given in large doses and for any length of time without destruction to the stomach. Nitric acid is indispensable where there is a tendency to ulceration at different parts of the body. In addition to the above treatment, strictly hygienic measures should be enforced, for without this, all treatment, ever so well directed, will prove futile—especially alcoholic liquors should be proscribed, and every other excess. The popular method in this city, by a certain class of physicians, is to send the patient to the Hot Springs as a last resort, after they have faithfully tried venesection on their pockets, to the dissatisfaction of both patient and doctor. Whereas, if they had treated the patient homœopathically, this expenditure of money and time, and mental torture, would have been prevented, and the practice of medicine respected. Lately we have had several of those so-called incurable cases at our College clinique, and every one recovered rapidly under homœopathic medication.

SYPHILITIC IRITIS.

Dr. G. S. Ryerson, of Toronto, thinks it is often in consequence of its insidious onset and painless character, that the onset of this disease is overlooked. He agrees with Mr. Hutchinson in thinking the subjects of infantile iritis are more frequently of the female than of the male sex. The age of five months is the period of life at or about which syphilitic infants are most liable to suffer from iritis. It is often symmetrical, but quite as frequently not so. As it occurs in infants, it is seldom complicated, and is attended by but few of the more severe symptoms which characterize the disease in adults. Notwithstanding the ill-characterized phenomena of acute inflammation, the effusion of lymph is usually very free and the danger of occlusion of the pupil great. Mercurial treatment is most signally efficacious in curing the disease, and if recent, in procuring the complete absorption of the effused lymph. Mercurial treatment previously adopted does not prevent the occurrence of this form of iritis. The subjects, though often puny and cachetic, are also often apparently in good condition. Infants suffering from iritis almost always show one or other of the well recognized symptoms of hereditary taint.

Most of those who suffer are those born within a short period of the date of the primary disease in their parents. It occurs rarely in the primary, more commonly in the tertiary, and most frequently in the secondary stages of the syphilis. Fifty to sixty per cent. of all infected suffer from it. The diagnosis depends on the insiduous and painless onset. If there be pain it is usually at night; a muddy, aqueous humor, the existence of gummy tumors, the presence of other eye affections, and a history of chancre, skin eruptions, etc. The pupil is contracted as

in other forms of iritis. The treatment consists in the early and persistent use of a solution of atropine (grs. iv, ad. 3j). This gives rest to the iris, and by dilating it prevents central adhesions. Of mercurials he prefers hydrargyrum cum crêta, in grain doses, until slight tenderness of the gums is produced. Occlusion of the pupils, or iritic adhesions, may necessitate an iridectomy.—*Canada Lancet*, June, 1880.

IS CANCER INOCULABLE ?

Dr. J. L. Sulsserott has found many indications which would lead him to answer affirmatively. Among the most prominent indications is the rapid increase of cancer. For seventy years the mortality from cancer in Philadelphia, has been a little more than eleven deaths in one thousand, of the mortality from all causes—apparently not a large proportion; yet the sum of the deaths from this disease during that period, aggregate six thousand, or more than half the deaths from small pox. During the five years from 1807 to 1811, the proportion of deaths from cancer to the mortality from all causes, was 4.5 per thousand; while in the period from 1872 to 1876 the ratio became 16.4—an increase in sixty-five years of nearly four hundred per cent. In London, from 1845 to 1874, the rate advanced from 3.4 per ten thousand inhabitants living, to 5.7 per ten thousand—an increase of seventy per cent.—*Philadelphia Med. Times*, Sept. 1880.

HERING MEDICAL SOCIETY.

In pursuance of the circular issued by the friends of the late Dr. Constantine Hering, requesting a meeting of the Homœopathic physicians in every quarter of the globe, on October 10th, 1880, the members of the profession in St. Louis, Mo., met and organized by electing Dr. R. A. Phelan, a former pupil of Dr. Hering, chairman.

REMARKS OF DR. R. A. PHELAN.

On taking the chair, Dr. Phelan delivered a touching address, dwelling on the noble and kindly character possessed by Dr. Hering, in both his social and professional relations. The most methodical habits in professional, literary and educational matters, were Hering's chief characteristics—these coupled with his indefatigable, never-ending labor, all directed into one channel—the development of Homœopathy—made his life a complete fructification of all his ambitions. The world has never produced a more unceasing, tireless worker, in any department of science. His own work is his most eloquent eulogy, and at the same time his most enduring monument.

BIOGRAPHICAL SKETCH BY DR. W. C. RICHARDSON.

The next thing on the programme, was an interesting biographical sketch by Dr. Wm. C. Richardson. This sketch embraced the most accurate history of Dr. Hering's public life, commencing with the student days, when the great light of Homœopathy first dawned on him, and showed how at that time, as well as in all his after life, he stood fairly in its most dazzling rays, adding to, rather than diminishing its effulgence.

PANEGYRIC BY DR. JNO. CONZELMAN.

Dr. John Conzelman then arose and pronounced a memorial panegyric, full of tributes to the memory of our deceased friend and benefactor.

ADDRESS AND RESOLUTIONS BY DR. J. T. BOYD.

Dr. J. T. Boyd then presented the following address and resolutions, which resolutions were unanimously adopted :

The good that good men do, live after they have passed away. Their acts are like a beautiful perennial plant, shedding its fragrance on all around. It is surely not man-worship to worship what is God-like in man. It is fitting then that we meet around the grave of a good and great man, and lament his loss, and speak of his noble actions performed during life. I come to mingle my tears with yours, and while standing around the grave, to cast my sprig of evergreen into the open grave before us, and to add my tribute to the urn that contains so many excellent eulogies to the worth of our departed master.

He whom we this night lament was no grasping Dives, who had become rich and influential, merely from the amount of gold and bank stock that he possessed. He was no wily politician who had attained to position and power, by pandering to the prejudices of the ignorant multitude. He was no great warrior, " with garments rolled in blood," who owed his eminence to his success in destroying human life. Our hero was a warrior, but his campaigns were against disease and suffering ; his weapons were the pen and the pocket-case, and he waged a life-long contest against the cause of the miseries of life. Forgetful of self, he lived only for the good of others ; and through obloquy and poverty, he spent a long life for the good of mankind.

The first dawn of the Nineteenth century came with a

New Year's gift to humanity. On that day Constantine Hering was born. After he had obtained a very liberal education in the classics, at an early day he entered the Medical profession, taking as the subject of his thesis, *De Medicina Futura*—in which thesis he advocated the law of similars, thus "bearding the lion in his den." How much the *future* as well as the *present*, is indebted to his pen, can hardly be estimated, either in this or the immediately succeeding age.

He came to Philadelphia when he heard that the cholera was spreading its baleful wings over that devoted city, and he that could have filled the highest positions in his own country, abandoned all, and cast his lot with a few noble men who were struggling to establish a more rational and successful plan of combating disease; and risking his own life. Casting behind him all the wealth and eminent positions that were temptingly offered, if he would only succumb to the bigotry and intolerance of the age—but he chose rather to cast in his lot with the seekers after truth, than to enjoy the pleasures and patronage of the great for a season.

The best evidence that we can give of the sincerity of our sorrow is, that we follow in the footsteps of him whose death has brought us together this night. Let his devotion to the cause of humanity, and the sacrifices that he made, be ever in view; and at this altar let us take anew the Hippocratic oath, and resolve to labor more earnestly and faithfully to exalt our beloved cause, and to emulate his virtues by devoting our lives wholly to the good of suffering humanity, trusting for a reward in another and a better world.

It is meet, then, that we give some expression of our sorrow, therefore, I would offer the following :

WHEREAS, The Almighty Disposer of events has seen proper to remove from this life our esteemed friend and beloved teacher, Dr. Constantine Hering, Therefore,

Resolved, That in this afflictive dispensation of Providence we have lost the most able, earnest and devoted friend of Homœopathy, in the United States. "He rests from his labor," but his works will live forever.

Resolved, That we will cherish his memory, and endeavor to emulate his virtues, and to advance the cause for which he labored so faithfully.

Resolved, That in this call we all realize that the time will surely come when we too will be called to lay aside our earthly tabernacle, and to leave all cares and pleasures of this life; may we be so prepared for that event that we can give a good account of our stewardship.

Resolved, That to commemorate his name, and the great benefit his works have conferred on humanity, we this night pledge ourselves to organize and incorporate a Homœopathic Medical Society, under the name of the *Hering Medical Society*.

Shortly after the memorial meeting, above alluded to, and in pursuance of the resolution then adopted, the Hering Medical Society was duly organized and incorporated under the laws of the State of Missouri.

The Hering Medical Society is the first legally chartered Homœopathic medical organization, outside of the College, instituted in the State of Missouri.

Its meetings are held twice each month, and with the grandly illustrious name it bears aloft on its banners, promises to perpetuate and continue in the great Southwest the work of the renowned physician whose name it bears.

Book Reviews.

EATON ON DISEASES OF WOMEN.

This is a royal octavo volume of 800 pages, gotten up in the best style of the printer's art. The type is large and clear, the press work above criticism, and the binding superb. So much for the external appearance of the book, and now let us see what it contains.

As is usual, the first thing after the title-page is the preface, and the first thing in *it* is the author's reason for issuing the book. This thing of publishing one's reasons for getting out a book, is, we think, uncalled for. It is nobody's business why A or B decides to do such a thing, and all the public has to say in the matter, is to weigh the work, and if it is well done, all right, and success is assured.

The next thing is the table of contents, which shows that the author has adopted a new, convenient and systematic arrangement of his topics. He starts out with normal menstruation, followed by the most common disorders of that function; this leads to the inflammatory conditions, and diseases resulting therefrom. After this, he takes up surgical diseases, including tumors, both uterine and ovarian, of all kinds and description. Next—but we forbear. It would take up too much space to give even an outline of all the diseases that are treated of in this book, and we hasten to review, briefly, the manner of treatment.

Our author has taken occasion to say, that the book is not intended as a Materia Medica, hence he only gives the salient points in the indications for the few most prominent remedies that he suggests for each disease. We rather like this unusual feature in a Homœopathic book, and so long as the works on Materia Medica are so numerous and minute, and so universally owned and studied by Homœopathists, specialists in other departments will do well to follow this plan. The local or topical treatment is given in all-sufficient fullness, and seems to be carefully and judiciously selected.

The book is altogether a valuable one, and with only two exceptions has our most hearty approval. The exceptions referred to are the treatment of atresia and pessaries; our friend Eaton will pardon us for recording our objections right here. In the after-treatment of atresia he follows the usual course of gynæcologists, and uses the conical plug that so frequently renders the operation a

failure, and brings reproach on the operator. The plain Ferguson speculum is the best plug, and makes the operation a success.

In the matter of pessaries, he favors emphatically the use of the abdominal supporter, intra-vaginal stem and cup, and inflated air-bags. Our experience, like the author's, leads us to the conclusion that pessaries are perhaps used too often, but when indicated, we find that of all of the numerous tribes of these instruments he has cast his lot with the worst.

Abdominal supporters are well enough for the abdomen, but they will not do for the uterus. Stem pessaries are rigid, uncomfortable, painful, and only in some exceptional cases do we ever find them indicated. Air-bags or globes of any description, distend the walls of the vagina, destroy its tonicity, and thus actually rob the uterus of one of its natural supports.

The book is well indexed—an important item—is well arranged, covers many more subjects and diseases, than any other treatise on Diseases of Women, that we know of; and Dr. Eaton merits the thanks of the profession for his effort. W. C. R.

FAT AND BLOOD AND HOW TO MAKE THEM. By S. Weir Mitchell, M. D., etc., etc., etc. Published by B. Lippincott & Co., Philadelphia. Price $1.25.

This is a small 8vo. volume of 106 pages, gotten up in good style and filled with some most excellent advice in the treatment of dyspeptic patients and those suffering from nervous diseases. The name does not properly indicate the subject. This little book is an epitome of a plan of treatment undoubtedly useful to physicians of all schools, in so far as it relates to rest, seclusion, electricity and massage; this last is an improvement on the Sweedish movement cure. But his medical treatment is wretched; think of giving "dialysed oxide of iron in nine grain doses four times a day; strych. sulph., one-thirtieth of a grain three times a day, kept up for several months, together with the iron and malt!" It is evident that the patients recovered in spite of the *medical treatment.*

However, the Homœopath would be benefited by reading this work, as he would easily see the remedies indicated, and would not need to resort to such gross medication. J. T. B.

THE LAWS OF THERAPEUTICS. By Joseph Kidd, M. D. Published by Lindsay & Blakiston, Philadelphia. Small 8vo., 200 pages. Price $1.75.

This little work is from the pen of an English physician. It is on "the rational Homœopathic" plan and in size of the dose, and

the use of "adjuvants," is very nearly allied to allopathy. The title of the book should have been rather *The Institutes of Medicine*, as the author dwells more on the philosophy of medicine and its history, than on therapeutics. "The dose in fact, in similarity, must be moderate, less than the dose which produces the full physiological effects, still not too small or it may prove useless."

The author then gives several cases that he treated successfully, and from reading them, one would hardly think that the treatment was Homœopathic; at least not as we understand it in this country; still there are some valuable thoughts in this book, and it will repay the perusal. J. T. B.

Is Consumption Contagious? By Herbert C. Clapp, A. M., M. D., Physician to the Massachusetts Hospital, Editor of the New England *Medical Gazette*, etc. Published by Otis Clapp & Son., Boston. Small 8vo., 178 pages. Price $1.25.

This is a most excellent work on a disputed point. The author handles the subject in a masterly manner. Every physician should get this little work and study it, for no physician will regret the time spent in its perusal.

The author freely examines all the arguments pro and con, on this vexed question, and his conclusion arrived at after careful study, will help young physicians to form an correct opinion on a difficult subject. J. T. B.

Transactions of the American Homœopathic, Ophthalmological and Otological Society. Fourth Annual Meeting, held at Milwaukee, June 16th and 17th, 1880. Price 50 cents.

This is one of the best reports that we have had the pleasure of perusing for a long time. The articles contained are all original and instructive. The history and work of the late W. H. Woodyatt, M. D., is worth the price of the report. Any physician in search of knowledge on diseases of the eye and ear will find it a profitable investment to send the Secretary, F. Park Lewis, M. D., Buffalo, N. Y., 50 cents and receive a copy free by mail. There are a number of articles by well known gentlemen, viz: Notes on the Action of Duboisin, Chas. Drady, M. D.; Amblyopia Nicotina, Geo. S. Norton, M. D.; A Peculiar Sclero-Corneal New Formation, Alfred Wanstall, M. D.; Aural Therapeutics, F. Park Lewis, M. D.; Symblepharon, D. J. McGuire, M. D.; Reflex Aphasia from a Glaucomatous Bulbus, Alfred Wanstall, M. D.; Conjunctivitis Diphtheritici, J. H. Buffum, M. D.; Conical Cornea, J. H. Winslow, M. D.; Pathological Contribu-

tions, J. H. Buffum, M. D.; The Colton Drumhead, J. H. Buffum, M. D.; Anomalous Case, C. H. Vials, M. D. J. W. T.

THE PHYSICIAN'S MEMORANDUM BOOK. A weekly visiting list with clinical columns and ledger sheets. Address Joel A. Miner, publisher, Ann Arbor, Mich. Price $1.00.

This new visiting list has all the general advantages of books of its class; its size is that preferred by most physicians, and its variety of blanks covers all that is usually required in such books. It is good for any year and any time of the year, and more or less than a page can be used each week.

The page facing the weekly record in most books is substantially a blank one for any memoranda. In this book, this second page may be used for any purpose for which a blank page may be used. The columns are made by blue lines and are disregarded when the space is wished for other memoranda. Many times homœopathic physicians use the colums (seven in number) for a daily record of the medicines given out. It is one of the *very best* published.

W. C. R.

A NEW INDEX RERUM, arranged to minimize the labor of indexing and to classify all indexed subjects. Price $1.75. Joel A. Miner, Ann Arbor, Mich., publisher.

The general advantages of using an index rerum are easily set forth. For students and professional men it preserves a ready reference to all that is valuable in their reading. It arranges in one place all related references, so that when consulted, it brings to mind all of one's reading upon that subject, and thereby secures a fullness of information otherwise impossible. It provides against the large lapses of memory inevitable to all brain workers. It keeps the fund of one's knowledge a constantly accumulating one, as no valuable fact or thought can pass beyond his power of recall. It gives the student a chance to apply to his reading the serviceable habit of review.

No methodical worker can afford to be without an index rerum and this is one of the best published. W. C. R.

TEETHING AND CROUP. By W. V. Drury, Lomdon. Enriched with notes by T. C. Duncan, M. D. Duncan Bros., publishers, Chicago.

This is a small book of 58 pages, treating in a very lucid manner the two diseases considered. It is well worth a perusal.

W. C. R.

Managing Editor's Easy Chair.

In addition to what has been said in our "Salutatory," we desire to inform our numerous friends who have made inquiry, that the COURIER is not called into existence as the organ of any faction, college, or clique. It will always champion homœopathic medicine, and from this, its chief aim, nothing shall divert it. Having declared our purposes, we take the liberty to publish the following extracts from letters received from our friends:

I have your circular and am glad to know that we are to have a journal superior to any now published. What we want is *better* rather than more journals, and if you make one that is *better* we will excuse you even if it gives one *more*. I shall await your COURIER with interest. I. T. TALBOT.

Your favor announcing the issue of a new journal asking me to write for you just received. While I fail to see the need of so many journals as we have in this country for the benefit of homœopathy, I say to you, as I say to all, I will do what I can in behalf of the best. If you make such a journal as your plan calls for, I shall be pleased to do what I can for its spread by pen and voice. Give us a scientific treat—things above traditions and fancies.

J. P. DAKE.

I will try to have you an article ready for the first number in January. E. C. FRANKLIN.

I hope your ambition will be fulfilled and that you may make the journal all you predict. Certainly, such a journal as that you propose to inaugurate is needed and its success will amply attest the mission of its founder.

E. A. GUILBERT.

It had been my intention to retire from journalism, and perhaps your appeal will keep one lingering on the stage when he should have left it. I may not be wholly useless to you in your enterprise.

SAM'L A. JONES.

I have no time to write at present, but will promise you something in a future number of your journal. Wishing you every success, I am yours, etc., T. E. ALLEN.

Allow me to congratulate you on your enterprise. The editor of one of our latest and best "Obstetrics" cannot fail to give us a journal worthy of himself and his school. I shall be glad to aid you as far as I am able. F. PARK LEWIS.

I am in receipt of your letter of the 30th inst, and will endeavor to write one or two articles for your new journal. Wishing you success in your work, I am yours fraternally, S. R. BECKWITH.

I will contribute. A. McNEIL.

I am much gratified to learn what I do from your favor of the 16th inst. I will be glad to aid you if I can.
A. C. COWPERTHWAITE, M. D.

I shall be glad to give you a paper shortly. In the meantime receive my thanks for your flattering request and best wishes for your undertaking. J. G. GILCHRIST.

BOOKS TO APPEAR.

A new work on minor surgery by Dr. J. G. Gilchrist is now in press and will shortly be issued.

The same author is hard at work on another book on "Surgical Emergencies," which will also appear very soon.

There is in preparation a new book entitled "The Homœopathic Physicians and Surgeons of America," edited by Henry M. Guernsey, M. D., and Joseph C. Guernsey, M. D. "The object is to present a comprehensive and compact epitome of homœopathic labor in this country. Naturally biographical in form, the record will include only such biographical detail as is absolutely necessary, but will be full on all points of professional interest.

"The education of a physician, his original provings and methods of treatment, special line of practice, and medical writings, with particulars of publication, will be carefully noted.

"A local index will offer a ready directory by which practitioners may guide patients, about to move or travel, in search of the best advice at any point."

We hope and believe this book will not prove to be an advertising dodge for the purpose of personal puffing, like biographical efforts heretofore have usually degenerated into.

Dr. Geo. F. Adams, of 311 N. Seventh street, is preparing and will shortly issue a new book on the Turkish bath. If the Doctor's book proves as good as his baths, which we have frequentlly enjoyed with benefit to our health, it will be very useful.

Duncan Bros. are about to issue a new edition of Ludlam's Diseases of Women. From the author's acknowledged ability, and from advance pages received by us, we predict a grand book. It is to be freely illustrated.

We are in receipt of the following note:

OFFICE C. A. HARVEY, JR., 409 M. STREET, N. W.
WASHINGTON, Dec. 10, 1880.

Dear Sir:—For the purpose of statistical information of a valua-

ble character I would earnestly request to the following questions:

Do you infer from your professional experience that rheumatic troubles are caused by an acid in the blood?

Is it your opinion that the acid is uric?

Answer by postal card. C. A. HARVEY, JR.

SOCIETY TRANSACTIONS AND ITEMS.

We note the following in the *Advance*:

"*Transactions of the American Institute of Homœopathy*, 1880.—It seems like old times to have the proceedings of this society placed so promptly in our hands. Thanks to Secretary Burgher that we have the volume so soon and in such admirable shape. The present form is a great improvement over the method of publishing previously followed. The present year's work is something to be proud of. We expect, with a continuation of the energy displayed in getting out this report, to find the membership largely increased. This book alone is worth twice what it costs to join the Institute."

These flattering and eulogistic remarks may be all well enough as a personal acknowledgement to the Secretary, but for the life of us we can't see that he officially merits any thanks. He is paid roundly for doing a work that has occupied him four or five months, and which could have been done in two, or less,

We know of half a dozen organizations which have their transactions published (some of them quite twice as voluminous as those of the American Institute) in as good, or better, shape, year after year, in from six weeks to two months after the adjournment of the sessions.

We do not wish to be understood as hypercritical in this matter, but we are plain and outspoken. Considering the fact that the articles submitted to the several bureaus are always gotten up in the best style their respective authors are capable of, for the meeting of the institute is a grand occasion and members invariably do their best in the way of diction, chirography, etc., there absolutely remains nothing but for the Secretary to get up the minutes, and in this he is assisted by a stenographer.

The members of the Institute have been shamefully abused in the past, something that no business organization would have ever submitted to. The present Secretary has done better than his predecessors and we believe he can still improve, at least let him try.

Transactions of the World's Homœopathic Convention, 1876.—"Dr. J. C. Guernsey writes us that he is hard at work upon the above volumes, and that one of them, the historic, is all in type, excepting only the chapter on "literature." He fully expected this volume would be issued by December 1st, but it has taken a much longer time to procure and complete the many missing links in this important work than he anticipated. Meanwhile he has had seven hundred and five pages of proof struck from the stereotyped plates of the remaining volume."

"The profession will thus see that the work is well forwarded, and that the volumes will, in due time, be ready for distribution to all those who are square in their accounts with the treasurer of the American Institute of Homœopathy."

This piece of news must be gratifying to the outraged members of the Institute. Think of it, five years in which to get out a single volume!

Two or three parties have been paid to work on this book when one man could have got it out in less than a year.

Why is the Institute taxed with the extra expense of stereotyping? Is it intended to print another edition of this rare book on the occasion of our next centennial? Hardly, we think, for the first edition will not, from present appearances, be old by that time.

The meeting of the *Canadian Institute of Homœopathy* was held in the Court House at St. Thomas, on Wednesday, October, 27, 1880.

The annual meeting of the *Vermont State Homœopathic Medical Society* was held at Montpelier, Oct. 20 and 21. The meeting was called to order by President Brigham.

The International Homœopathic Convention in 1881 will assemble in London on July 11, and a cordial invitation has been extended to American physicians to attend. The undersigned were appointed by the American Institute of Homœopathy a committee, with full powers to make arrangements. In order to do this in the most satisfactory manner, it is important to know the approximate number of those who will attend. By communicating at once to one of this committee the names of such physicians as now intend to go, and the number to accompany them, the work will be facilitated.

I. T. Talbot, 66 Marlborough Street, Boston,
Wm. Tod Helmuth, 299 Madison Av., N. Y.,
Bushrod W. James, 18th and Green streets, Phila.
} Committee.

PERSONAL.

We received a call some time since from Dr. Westover, of St. Joseph, Mo. The Doctor is chairman of the Bureau of Obstetrics in the Missouri Institute, and promises to make his department interesting at the meeting to be held at Sweet Springs next year.

Dr. J. C. Burgher, of Booneville, Mo., dropped in on us sometime since. He reports Homœopathy as progressing in the esteem and confidence of the people in his vicinity.

Dr. J. P. Bahrenburg, of Red Bud, Ills., was in town on a brief visit a few weeks since.

Dr. J. W. Clemmer has moved to Columbus, Ohio, and taken the office formerly occupied by Dr. J. H. Coulter, deceased.

Dr. T. F. Pomeroy is located at 547 Bramhall avenue, Jersey City.

Dr. P. B. Hoyt has moved from Paris, Ill., to Norwalk, O.

Dr. Brown, oculist and aurist, has opened an office at 623½ Olive street, St. Louis, Mo.

We are called on to chronicle the death of Dr. J. Ravold, of Illinois. Dr. Ravold was a member of the first graduating class of the Homœopathic Medical College of Missouri in 1859, and up to the time of his death was treasurer of the Alumni Society. We shall miss his genial friendship and the family has our condolence.

COLLEGES.

We note the following in the *Homœopathic World*, of London, for December:

The Proposed College of Homœopathic Physicians and Surgeons.—There are nineteen ways into the medical profession in Great Britain, respectively nineteen examining boards, or bodies, some of these are universities, or *studia generalia*, from the good old Catholic times, and some of them are royal colleges.

How many of these are favorable to Homœopathy? Not one.

How many of them teach Homœopathy openly and properly? Not one.

How many of them examine in Homœopathy? Not one?

How sad it is to think that in this country the only really scientific principle in therapeutics is nowhere recognized, and nowhere taught, except at our school.

It is proposed to establish a College of Homœopathic Physicians with powers and duties analogous to those of the Royal College of

Physicians of London. When established it is proposed to proceed to obtain a royal charter or the same.

How much longer is Homœopathy to be kept out in the cold? We invite a free discussion of the whole subject on the broad grounds of liberty in science and proper protection for the homœopathic public against incompetent practitioners.

Homœopathic Medical College of Missouri.—The twenty-first regular course of lectures in this well known institution is being attended by a large and appreciative classs. The dispensary in connection with this school is a great advantage in the way of affording opportunities for clinical instructions.

A NEW DEGREE.—"Among the by-laws adopted by the Homœopathic Medical College of Missouri, under the recently amended charter, were the following, viz:

"There shall be two degrees conferred by this corporation: first, the usual degree of Doctor of Medicine; and, second, the degree of Master of Homœopathic Medicine.

"The applicant for the degree of Doctor of Medicine must be twenty-one years old; he must have studied medicine under the instruction of some reputable physician for three full years, including the time spent in attendance on college lectures; he must have attended two full courses of medical lectures and dissections, the last of which shall have been in this college, and must have a good reputation and character.

"As the degree of Master of Homœopathic Medicine confers greater distinction and higher honors than the other degree, the applicant must have superior qualifications. He must be twenty-one years old; he must have studied medicine for three full years, besides the time spent in attendance on medical lectures under the instruction of some reputable physician; he must have attended *three full courses of medical lectures and dissections* in some reputable college, the last of which must have been in this college; he must first have received the degree of Doctor of Medicine from some reputable college; he must successfully pass an extra examination on the various branches of medical science; he must pass a successful examination in the ordinary branches of English education; a diploma from some literary college or institution will be accepted in lieu of an examination in literature."

These addional requirements it is believed will produce a laudable emulation with students to attain to a greater proficiency in

medical knowledge, and result in a higher standard with the physicians of our school and a better class of physicians in the coming generation.

The *Medical Record* says:

"THE WEST STILL AHEAD."—The new medical school, somewhere in Minnesota, which started off with such a firing of guns on account of its adopting a four year's graded course, has not, it is said, a single student.

LOCATIONS FOR HOMŒOPATHIC PHYSICIANS.—There are good openings, we understand, at Trinidad, Colorado, a live town of 5,000 inhabitants; at Almont, Illinois, population 1,000, and at Strasbourg, Shelby, Co., Ills., German preferred.

The Homœopathic Courier.

VOL. I. FEBRUARY, 1881. NO. 2.

Department of Theory and Practice.

J. T. BOYD, M. D., Editor.

PLANETARY INFLUENCE ON HEALTH.

"Through the dark gloom of some tempestuous night,
Orion's dog (the year when autumn weighs),
And o'er the feebler stars exerts his rays;
Terrific glory! for his burning breath,
Taints the red air with fevers, plagues and death."

[*Homer's Iliad.*

"Incensed with indignation, Satan stood
Unterrified, and like a comet burned,
That fires the length of Ophiuchus, huge,
In the arctic sky, and from his horrid hair,
Shakes pestilence and war."

[*Paradise Lost.*

The human mind is prone to favor what is marvelous or occult; there is about as much superstition to-day as there was in the time of Homer, although it may not be so gross.

The ancients believed in the baleful influence of

the planetary bodies, hence their efforts to propitiate the deities represented by these bodies.

M. Arago tells a good story illustrating the hold that the marvelous has on the human mind. He mentions that a friend of Euler, the great mathematician, once in a conversation lamented the little interest that the people took in great truths. Euler's friend was a minister of Berlin, and in his complaint told Euler that people even went to sleep under his sermons, when he was explaining the great truths of the Bible.

"Try another plan," said Euler; "tell them of the magnitude of the sun and the planets; tell them that the sun is 1,200,000 times larger than the earth; tell them that although light flies with the great rapidity of 186,000 miles a second, yet it takes three years to reach us from the nearest fixed star; see how these thoughts will interest them."

The next time they met, the friend complained that his audience lost their respect for the sacred edifice, in their enthusiasm, *for they had applauded him loudly!*

In a late number of the *American Observer*, there is rather a well written article on the "*Perihelia and the Plague.*" The writer attempts to revive the belief that the approach of the great planets to their perihelia, will be the cause of fearful mortality. If such a phenomenon could be attended with the great results that the forebodings of the writer leads him to expect, it would be a very important subject for medical investigation. But we will try and quiet the agitated mind of the

writer, and of those whom his article has thrown into so great perturbation.

When we consider the immense distance that these planetary bodies are from us, even in their nearest approach to our planet, and that the law of attraction, as well as other influences, are inversely as the square of the distance of the object from our earth, we can easily see that they can exert no appreciable effect.

We do not adopt the Pythagorean notion, that "The seven planets have each its own sphere, and acts independently of the others," but that of Newton, that "Every particle of matter in the Universe attracts every other particle with a force *directly* as to the masses of the two particles, and *inversely* as the square of the distance that separates them."

Therefore, those great planets, Jupiter and Saturn, being at such an immense distance, the influence would hardly be perceptible. Jupiter passed his perihelion on the 25th of last September; Mars will pass his on the 25th of March next, and during the same year Neptune will pass his; Uranus will pass his in 1882, and Saturn in 1885. The only effect that these planets could have, would be to increase the minor axis of the earth's orbit as it passes towards its perihelion, and shortens correspondingly its major axis; but as this perturbating force can only exist for a short time—no permanent impression can be made on the earth, either in its physical existence or orbital motion.

Prof. Stanley Jevons has recently endeavored to

connect the sun-spots with commercial crises; so prone are we to find some celestial cause for those tribulations that are not well understood. He says: "It is now pretty generally allowed that the fluctuations of the money market, though often apparently due to exceptional and accidental events, such as wars, panics, and so forth—yet do exhibit a remarkable tendency to recur at intervals approximating to ten or eleven years.

"Thus the principal commercial crises have happened in the years 1825, 1836, 1847, 1857, and 1866, and I was almost adding, 1879, so convinced do I feel that there will, within the next few years be another great crisis. Now, if there should be, in or about 1879, a great collapse, comparable with those of the years mentioned, there will have been five such occurrences in fifty-four years, giving almost exactly eleven years as the average interval—which sufficiently approximates to eleven years, the supposed exact length of the sun-spot period, to warrant speculations as to their possible connection."

Thus Prof. Jevons takes what is a mere coincidence, as having the relation of cause and effect. Political economists, however, do not need to go as far for the cause of commercial disasters, as the sun. Shades of M. Bastiat, Prof. Perry, Adam Smith, Bonemy Price, Carey, Mill, Say, and all the saints of the Calendar of Political Economy! What becomes of your tariff, interest, over-production, balance of trade, extravagant speculation, etc., if Prof. Jevons' theory is true?

It is the same with seasons of prevailing epidemic. If they should occur only when the planets were at their perihelia and nearer the earth, (which is not the case), it would only be a remarkable coincidence, and would require some more evidence to convince us of their influence as being a cause of such diseases.

Let us see what influence these planets could have. Jupiter, as we have before said, passed his perihelion on the 25th of last September; he was then 385,000,000 miles from our earth. Now, according to the law of attraction, alluded to, his influence could only be just one-third more than at his greatest distance from the earth, which is 567,000,000 miles. Then what influence could he produce, according to the above law? We labor under the difficulty of not having diagrams to present to the reader, but probably we can make it plain by comparison.

Let us reduce the scale to one millionth part, and represent the sun as a globe, ninefeet in diameter, raised on a high elevation. About one-third of a mile distant we will place Mercury, about the size of a pea; then three-fourths of a mile from the sun we place Venus, the size of a marble about seven-eighths of an inch in diameter; then the Earth about the size of a marble, one inch in diameter, one mile distant from the sun; then Mars, three-fourths of an inch in diameter, and one and a half miles distant; then Jupiter, a ball nine inches in diameter, five miles distant from the sun; then Saturn, a ball about eight inches in diameter,

with rings two feet in diameter, at the distance of nine and a half miles from the sun; then Uranus, about three and a half inches in diameter, nineteen miles distance, and Neptune, about four inches in diameter, thirty miles distance from the sun.

It will be seen that the sun, immensely larger than Jupiter, (more than ten times his diameter, and one thousand times his substance), in his nearest approach to the earth, is nearly four times nearer to us than Jupiter, consequently Jupiter can exert but little influence on our planet, except to deflect it slightly from its orbit from the sun. But in a few months our earth will swing as as much back as it was attracted from its orbit, possibly giving us an early spring to compensate for the cold winter which resulted from its slight deviation from its orbit in perihelion passage. We merely mention this to calm the fears of the writer of the *Observer* article.

But Prof. Newcomb says: "The distance of the sun and the planets being so immensely great, compared with that of the moon, their attraction upon the earth and the moon is at *all times* very nearly equal."

The writer in the *Observer*, quotes Prof. Nicholls. If he had read the matter carefully he would have found that Prof. Nicholls has examined this subject carefully, and comes to the conclusion that planetary bodies have no influence that we can appreciate, on the earth.

When we compare the Moon in size with the ap-

pearance of Jupiter in the heavens, we find that the latter would make but a mere speck on the disc of the Moon, and his influence is ever less than that comparatively.

If we were to place Jupiter at the same distance that the Moon is, it would have just about 5,000 times more influence on the earth in the power of attraction than the Moon has. Let us now square the distance that Jupiter is from us, say about 500,000,000 miles, and then it would lessen his influence in that ratio; that is, one 250,000,000,000,000,000th part of that influence that it would have at the distance of the Moon. Now let us divide this influence by 5,000, the difference in the size of the two planets, and the result would be just the proportion of the influence that Jupiter has less than the Moon, and that is an inconceivable fraction.

Or, let us take another illustration. The Moon has an attractive influence on the earth, measured by the ocean tides. Suppose that the Moon's attraction is sufficient to cause a tide of 100 feet high; now suppose you place Jupiter in the place of the Moon, at the same distance, but about 5,000 times greater, or 5,000 multiplied by 100, equals 500,000 feet high; now place Jupiter back in his orbit, and his attractive power would be inversely as the square of the distance that he is removed—that is, 250,000,000,000,000,000. Let this be the denominator of the fraction, and the 500,000 feet reduced to hundreds of inches as numerator, and we will then have the fraction of the hundredth of

an inch that Jupiter could influence the tide—that is $\frac{1}{41666666666}$; and this is presuming that the specific gravity of Jupiter is the same as the Moon, when it is only but one-fourth; and as Saturn is twice the distance from us that Jupiter is, and the other planets, Uranus and Neptune, still farther away, they can exert still less influence, so that all combined cannot by their attractive power influence the tide on the earth one hair's breadth.

In this we have only measured the attractive influence of these planets, as they are not self-luminous, nor in an active incandescent state, their chemical influence must be exceedingly small.

In fact, the Moon has infinitely more influence on the earth than all the other planetary bodies except the sun; and we are yet in doubt as to the amount of influence on health that the Moon exerts, but it also must be exceedingly small.

The plague is not limited in its visits to the time of the perihelia of these planets, but as Baron Larrey says, that it is an annual occurrence in Egypt. He says: "In Egypt it is said to arise every autumn, and to prevail till the beginning of June, of the succeeding year; its ravages then cease, and its contagion is extinguished, or remains in abeyance during the summer, to be again called into existence or activity, in the autumn. The vernal equinox is the period of greatest fatality of the disease.

"About this time, we learn, southerly winds blow with great violence. They last, ordinarily, three or four hours, and are frequently renewed

daily for fifty successive days. They are very warm, passing over the burning deserts which border Egypt on the South, and they are, moreover, loaded with putrid emanations exhaled from the animal and vegetable substances which are decomposed in the lakes formed by the retiring of the waters of the Nile, or in the cemeteries which its inundation has reached. At this sickly season, diseases of all kinds assume a malignant character. It was at this season of the year, that after the great inundation of 1801, the plague committed the greatest ravages among the inhabitants of Cairo, and Upper Egypt."

Sydenham says that the plague visits Northern Europe every thirty or forty years.

It is very certain, then, that we must look to terrestrial, not to celestial influences, for the cause of the plague and other great epidemics; and in place of calculating astronomical problems, or taking parallaxes of the stars, we should devote our energies to quarantine and hygienic measures, and the most efficient remedies to cure the diseases, should any epidemic visit our country.

It is unfortunate for both Jevons, and the writer in the *Observer*, that they were not born until the present time. What a great thing it would be, to have been born under such a grand catalysis as the combined perihelia of so many planets? And then the world would have been a gainer by having been spared the infliction of such articles as that of Jevons', and of the *Observer's* correspondent.

THE PATHOLOGY, DIFFERENTIAL DIAGNOSIS AND TREATMENT OF DIPHTHERIA.

BY J. T. BOYD, M. D.

(Read before the Western Institute of Homœopathy.)

Oertel, in that splendid work, Ziemssen's Cyclopedia, says :

"Diphtheria makes its appearance under two different series of symptoms—as a *local*, and a *general* disease—and is in the greater number of cases followed by a third series of disturbances, which have been classed as secondary processes, or *sequelæ* of the disease. The description of diphtheria comprehends these three forms of disease, although they do not always manifest themselves in each individual case.

"The *local disease* makes its appearance as an inflammatory process upon certain mucous membranes and denuded parts of the skin which are exposed to the air, and leads to the formation upon them of a greyish white, false membranous deposit.

"The *general affection* has the character of infectious disease, and holds a position somewhere between simple excitement of the circulatory system, and the severest forms of typhoid fever and pyæmic poisoning.

"The *sequelæ*, which follow the healing of the local process, and disappearance of the febrile symptoms, are for the most part, disturbances of

the muscular system, which may vary from a paralysis of single muscles to complete ataxia; on the other hand, in a few cases extreme disease of the kidneys, with dropsy and changes in the formation of blood and lymphatic growths, have been noticed.

"The first task in an etiological study is to explain the diseased process itself, and the question at once arises, in what relation do the appearances and symptoms stand to one another, and how do they influence each other reciprocally?"

"The relations of local and general disease, admit of the possibility of two explanations, which are contradictory to each other, and thus allow two distinct theories of the disease, according to the solution of the question, which causes the other ?—the secondary disturbances being always considered dependent upon the disease which has preceded them. The question to decide, therefore, is whether diphtheria is at first a general disease, and the poisoning of the blood and the affections of the mucous membrane, are merely secondary localizations—or, whether it begins by infection, as a local disease, and at a definite time becomes general."

That diphtheria is a general disease, is very evident from the fact that it has all the characteristics of the other contagious diseases. It may result from inoculation from the germs floating in the atmosphere, that becomes attached to the mucous membrane that is in a suitable condition for developing the disease.

Oertel says, again :

"Whenever the diphtheritic infecting agent finds a foot-hold upon the body, it always excites a local affection in the place where it attaches itself, and it will depend upon the anatomical relations of the dffected part—the facility with which the tissues may be penetrated by the poison, and their power of absorption, how soon this contagion will extend its domain—how soon the sinking of the whole organism, the general disease of infection will develope from the local infection.

"Diphtheria occurs sporadically as well as epidemically, and may, in certain localities especially favorable to it, become an endemic disease. It developes spontaneously, its origin being a miasm, and induced by contact with objects and persons infected with diphtheria. Diphtheria is therefore to be considered *a miasmatic, contagious disease.*

"The most important question in the whole chapter of etiology, is that concerning *the relation of certain vegetable substances to diphtheria;* whether their presence is determined by accident, and by the existence of a soil favorable to their growth, such as is found in the products of the disease—or whether they stand in causal relation to the diphtheritic process? And the discussion of these questions involves that relating to the nature and character of the diphtheritic contagion."

This disease, as its name indicates, is a pseudo-membranous exudation on the mucous membranes; generally of the throat and mouth.

Some writers, as Bretoneau and Wagner, regard this disease, and membranous croup, as the same—

differing only in the severity of the attending inflammation, and the locality of the part affected.

Virchow differs from Bretoneau, considering croup but a simple local disease, affecting the surface of the mucous tissues, while diphtheria involves the substance of mucous tissues, as well as the sub-cellular tissue.

Wagner, however, concluded that diphtheria consisted, not in throwing a fibrinous exudation on the surface, but upon a peculiar metamorphosis of the epithelium, a sort of fibrinous degeneration.

Henton and Oertel regard the disease as constitutional, and that there was a blood disease, developing bacteria or micrococci; while croup they regard but as a simple form of inflammation, attended with fibrinous exudation.

The microscope reveals not only the fibrinous character of the exudation, but also epithelial scales, broken down tissue, blood and pus globules, etc.

In diphtheria the constitutional symptoms are very marked. The low form of typhoid fever, the general depression of the vital energies, etc., are much more marked than in croup.

The location of the pseudo-membranous exudation, at first, is also a diagnostic sign. In diphtheria it commences in the mouth and fauces, extending sometimes to the larynx and nasal fossa; while in croup the exudation commences in the larynx, and may extend to the fauces.

In the initial period, the exudation is very similar; but in either case it is more than a simple ex-

udation from a peculiar inflammation of the parts affected. While in croup there is no prominent phenomena but the exudation and the dyspnœa. But in diphtheria, the exudation is not the disease, nor the cause of the disease. What, then, is the character of this exudation? It is a fungous growth, not a generation of micrococci; but these parasites are the consequence of the low vitality of the diseased parts, but the fungus is the well known *Oidium Albicans*, a cryptogamic plant, whose spores are floating in the atmosphere, ready to pounce upon any diseased tissue, where the conditions are favorable for their development.

About a year ago a member of our society thought that he had discovered the cause of yellow fever, because he found, during the prevalence of that disease, a peculiar fungous plant on one of the glasses of his microscope. Had he been familiar with the use of other optical instruments, he would have known that this hazy or web-like appearance, is but the effect of the development of this fungous growth attaching its spores to the damp lens.

Prof. Proctor mentions this in his "Half Hours with the Telescope." The Professor says: "If damp gets between the glasses, it produces a fog (which opticians call a sweat), or sea weed-like vegetations, by which a valuable glass may be ruined. (See page 29.)

Chambers' Encyclopedia has the following, viz.: "Oidium Albicans, grows on diseased ânimal and vegetable substances. They consist of minute tubular threads, forming flocks, white in some spe-

cies, brightly colored in others, simple or irregularly branched, assuming in their upper part the form of strings of beads, (probably the micrococci of Wagner), which finally break up into elliptical spores. * * * Among the most important of the vegetable parasites of man is the *Oidium Albicans*, which is found on the epithelium in the mouth and throat, in the disease called *aptha* or *thrush*, and of the throat in diphtheria; also, sometimes in the nostrils, stomach and intestines, on the nails, nipples and other places." It is more common in children and old persons.

"It occurs in the last stages of many diseases, when the mucous membrane is covered with nitrogenised decomposable matter. Indeed it would seem that whatever may be the case as to other vegetable parasites, no species of the *Oidium* begins its attack upon a perfectly healthy surface, either animal or vegetable; a diseased state of the tissues being to these fungi a necessary condition of vegetation. Just as the yeast plant will not act in a fermentable fluid; that is in a solution which in addition to the sugar, contains some decomposable albuminous matter.

"Oidium Albicans appears to the naked eye as a white pasty substance, slightly elevated above the mucous membrane to which it adheres, but under the microscope its filamentous structure is easily perceived. Its seat is at first on the upper surface of the epithelial cells, but its filaments soon penetrate deeply between them; and the upper epithel-

ial layers are soon worn out and thrown off by the rapid growth from below.

"However incapable the Oidium Albicans may be of attacking a healthy surface, there can be no doubt that it greatly contributes to the extension of the disease; and that it is very readily communicated from one patient to another, when there is catarrh or other inflammatory affection of the mucous membrane.

"It is not, however, always easy to determine whether Oidium is the direct cause of disease, or whether the diseased tissue has merely afforded a suitable nidus for its development."

On this subject Prof. Aitken says: "It is certain that whenever the normal chemical processes of nutrition are impaired, the incessant changes between solids and fluids slacken—then, if the part can furnish a proper soil, the cryptogamic parasites will appear. The soil they select is, for the most part, composed of epithelium or cutical, acid or mucous exudation; and certain atmospheric conditions seem favorable to the occurrence of these vegetable parasites."

From these facts we conclude that the disease in diphtheria only furnishes the necessary soil, and proper degree of inflammatory debility for the development of this parasite. The membranous phenomenon is not the disease although the rapid throwing off of the spores from the development of the Oidium that form the membranous patch, may, and undoubtedly does assist in spreading the contagion—as a fly may inoculate a person with the

small pox, the virus of which it has carried on its feet from a pustule on the body of a small pox patient, to a healthy person, and by lighting on this healthy person thus convey the disease.

The spores of the Odium Albicans are not digested, but pass through the body, and may be thrown or driven from the discharges of the patient, by the air, and conveyed to another person; also, the air of the sick room is impregnated with the spores, and thus the disease is more readily communicated to the healthy person by their multitude. Diphtheria is of the same character as scarlet fever, if it is not really one form of that malady.

TREATMENT OF DIPHTHERIA.

The treatment of diphtheria must be both local and general.

The rapid exudation on the mucous membrane of a crust composed of the fungous growth of the Odium, broken down blood, corpuscles and epithelial scales, thickened mucous, etc., and burrowing on this mass are the micrococci, bacteria, and pus. globules.

This crust may be but a thin membranous exudation of small patches on the fauces, or it may be of the thickness of one fourth of an inch, containing in its meshes all the germs of contagion, as well as exerting a septic influence over the system.

In the simple *catarrhal form* of this disease, when the fever is slight, the patches light, little or no suffering—with a sense of dryness or prickling

pain in the throat, in swallowing—the treatment is simple. The throat should be gargled with a solution of aqua ammonia, and a dose or two of iod. of mer., bell. or sulphur, will afford relief, and a cure will speedily follow.

But in the more severe form of the disease, where the fever is high, the inflammation and thick deposit of fibrinous exudation on the fauces is great, and increasing rapidly, the case is very different.

The mild or catarrhal form may progress so silently as to be hardly recognized, for the patient, if a child, will sometimes utter no complaint and the disease may exist for some time before it is discovered. But in the *croupal form* of this disease, the objective symptoms are much more clearly developed, and are made plain at once by the hoarse cough or breathing, and chilly sensations. The fever increases, the pulse rises rapidly, becomes very much increased in frequency. The course in these cases is rapid, and the disease may terminate in leath, or progress to the third or septic form.

In this form of the disease it requires prompt and efficient remedies, if the life of the patient is saved.

As a local application, the best is the ammonia, either alone or in combination with carbolic acid, both diluted with water, applied with a swab to the throat.

LACHESIS.

The constitutional treatment is first, *lachesis*, especially if the disease commenced on the *left* side of the throat; and where the disease is approach-

ing the gangrenous character, and the pulse accelerated but small and weak, fetid odor, etc.

LYCOPODIUM.

The next best constitutional remedy is *lycopodium*, especially if the disease commenced on the *right* side; quick respiration, running pain downards, eyes sunken and pupils dilated, enlarged totsils, worse about the middle of the afternoon, etc.

Besides these remedies, we may find indications for the use of the following :

RHUS TOX—If the inflammation be dark red;

IODIDE of MERCURY. Dr. Ludlow says :

"Mercurius iodotus is most appropriate, first, to those examples and epidemics of diphtheria in which the deposit is located upon the mouth, tonsils, uvula, velum palati, the pharynx, or some portion of the alimentary tract.

"Second, to those cases in which the functions of the mucous follicles are so deranged as to produce, in considerable quantity, the tough and viscid secretion.

"Third, the deposite should be of limited extent, of feeble organization, transparent, pillicular, albuminous, and easily detached.

"Fourth, to those cases in which there is but a feeble effort at reorganization of the false membrane, when it has been removed, or has dropped off spontaneously.

"Fifth, to such examples of diphtheria as are

characterized by marked disorder of one portion or another of the alimentary system.''*

In the *septic form* of this disease, the breath becomes fetid, the exudation of false membrane becomes a dirty, grey color, thick and shaggy; and the crust becomes dark brown and semi-solid; the saliva becomes ichorous and bloody, and constantly flows from the mouth with intolerable fetor.

The rapidity with which decomposition takes place in some cases of diphtheria, is much more than the dead flesh out of the body, in the same temperature, and with the same amount of moisture.

There is evidently some destructive energy at work in this disease, that produces such effects in so short a time—some chemical effect that the virus of the disease possesses, that destroys animal tissues sooner than the ordinary decay could possibly accomplish.

This is the virus of the disease—the contagion—the living disease-germ that hastens disorganization.

Billroth says: "In diphtheria there is great danger that the products of an extensive disorganization of the tissues may pass into the circulation, and that a poisonous action, similar to that caused by products of putrefaction in general, may manifest itself. It is only in rare cases that the toxic symptoms appear permanently on the first or second day, leading in a short time to the fatal re-

*Ludlam on Diphtheria.

sult. As a rule, however, they develop gradually, after the disease has existed for some time."

Oertel says: "The cases are very rare in which diphtheria is followed by recovery, when once the symptoms of septic intoxication have appeared."

Such a sweepingly unfavorable prognosis will not be sanctioned by those who pursue the homœopathic practice. Some of the most remarkably unfavorable cases have been cured by homœopathic treatment.

The local treatment in such cases should be with the use of a strong solution of aqua ammonia and carbolic acid, in alcohol, applied to the fauces with a soft swab, three times a day, and one or two doses of lachesis or lycopodium administered, and an improvement will generally be observed almost immediately. But not more than three doses should be given in any case, and probably the thirtieth dilution will be found to be most profitable, to be followed by whatever remedy, or *no remedy*, that the case requires.

The other features and complications of this disease, muscular paralysis, etc., must be treated with appropriate remedies, such as the pathological symptoms indicate.

As to the local treatment of diphtheria, there is a very important fact to be borne in mind, and that is, that the sequelæ of the disease may prove as troublesome and serious, as any part of the phenomena during its most intense state. Now if caustics are used, and the disease *aborted*, may we not look for a far more dangerous sequelæ to follow?

If this disease belongs to the class *exanthamata*, and our knowledge of the disease leads us to believe it does, it is manifestly improper to prevent the different developing changes that naturally take place in that class of diseases; so that all caustic applications that destroy the tissues, are unphilosophical, and will result in a far more serious organic change of the tissues, and probably of paralysis.

Therefore, let the treatment be principally constitutional. The use of ammonia, or bromide, with water or alcohol, may be used either in the form of vapor in the room, or applied as a spray to the mouth and nose; or as a wash or gargle for the throat. The hot bath is also of service.

The vapor of boiling vinegar in the room, is also a good agent. Let the air of the apartment be constantly impregnated with this vapor; it will destroy the germs of the Oidium, as well as other contagious agents, and let the balance of the treatment be strictly homœopathic, and a cure is sure to follow in almost every case.

Our article is already too long, and we must close, hoping that some new thoughts have been exhibited, and some sound treatment proposed that will remove some of the great anxiety connected with the treatment of this serious malady.

Department of Electrology & Neurology.

J. T. KENT, M. D., Editor.

SOME DESULTORY OBSERVATIONS ON THE BRAIN AND THE MIND.

BY A. J. HOWE, M. D.

There is a naturalness in some actions which commends it to one's consideration. When a distressed individual falls upon the knees and looks upward, as if to the Infinite, for consolation and help the action and attitude are not altogether dramatic, but natural, instinctive, and rational expressions of mind and body. In unconscious, paralytic, and dying states, man falls to the ground—he is subdued, humbled, powerless and prostrate. To that attitude he consciously inclines when he feels his incompetence; and looking upwards implores strength and aid from the Invisible who ruleth above. The humble posture and the bruised spirit are in accord and artistically manifested. There is an intimate and harmonious relation between that bowed body and humiliated mind.

A man confident and challenging in spirit, assumes the upright attitude and a pugnacious pose. Self-reliance and an aggressive attitude go together. The mental and the physical properties of the individual blend, or tend to unity. Duality is subjugated. The double, dual, or duplicate state of

an animal is not sufficiently well considered. We possess two legs and twin arms—two kidneys, two lungs, and two thoracic cavities– two tonsils, two eyes, two nasal organs, and two ears—and we have twin brows. But these twos act in concert, or in the same direction. We cannot think one set of ideas with one brain, and another set with the other, but the products or emanations of the two brains are as near alike as the secretions of the parotid glands, and are as physical in origin. The two sides of the body are not exactly alike, but they are typical, representative, and counterpart.

If the right cerebrum be deprived of blood by embolism of the right internal carotid, thinking still goes on in that part of the brain, because the basilar artery still bears blood to both brains; but embolism of the left internal carotid, and plugging of the basilar will rob that side—the left—of nutritious supplies and mind-making material. However, intelligence will still be evolved from the other and supplied brain, but with conditional impairment. A man with one ear hears well, but not as well as he would if he had two unimpaired ears; and so with sight and smell. Double organs are luxuries, but not necessities for functional existence. The higher radiates first exhibit duality in a single organism. The sponge and the fresh water polyp have not twin sides, but the octopus has a pair of eyes, and other lateral characteristics. The lobster has as clearly two halves to its body as a horse.

A feature of our organization, is that the intelli-

gence which comes from our brain, does not aid in the intelligently conducted functions of our bodies. In the mending of a broken femur there is an exhibition of purposive actions, or of intelligent operations; but mind has nothing to do with these wise movements. They seem to be carried on by intelligences inherent in living matter—the intelligences of vital activities, and are possibly related to the intelligent forces of the inorganic world. They may constitute the essential and substantial part of universal intelligence—the Creator.

If we place our hands upon two different objects, we appreciate two sensations at the same time, and if we have ten varying objects so arranged that each finger may touch one at the same instant, we have sufficient mental scope to instantly understand the multiple impressions, and without consecutive thought. Appreciation through our several senses is single and comprehensive, yet the seat of this is in hemispheres made one through commissures.

It is a singular fact that a hawk's beak, wings, and talons correspond with the bird's desires and digestive powers. The evolutionist would say that the hawk's brain—or the mind coming from it—fashioned the curved beak and sharp claws; and the advocate of the Mosaic record would say that God created the hawk in the "beginning" just as it is at present, adapting brain to stomach, and beak to talons, all qualities making a harmonious whole.

Ancient philosophers queried whether man's intellect was superior on account of his hands,

or whether he had hands on account of his superior intellect. But the query awakens no new thoughts. The question would awaken clearer suggestions if it had asked if a cat's foot and brain were not parts of one machine, or organism. The feline brain, without the feline paw, would be an illogical anomaly.

The turtle possesses an organization as harmonious in its parts as that of a rabbit, or an antelope. There is a harmony of proportion in nature. The fossil scale of a ganoid shadows the teeth, jaws, fins and general make-up of the fish; the tooth of the fossil shark indicates the shape of the maxillaries, and the unequal division of the tail. In fact each isolated part outlines the configuration of the entire organism.

It is said Leonardo da Vinci trained his hands to do different kinds of work at the same time, in order that he might accomplish mork work. He schooled his right hand to handle the brush, and his left to use the pen; and the story goes that he could paint and write at the same time. It is certain that he wrote from the right-hand side of the page to the left, after the manner of the orientals. His writings cannot be read without the aid of a mirror, or without looking at the back of the manuscript against the light.

It is an interesting fact that a person who is affected with aphasia (speechlessness), can communicate ideas by manual and other signs, but has so far lost the memory of words that a sentence cannot be constructed. From what is known through

dissections, after cerebral diseases and injuries that affected speech, it would seem that vocal volubility is located in a coil of gray brain-substance, situated on a level with the top of the orbit, and in the region of what is popularly called the temple. If a certain portion of a particular convolution in that part of the cerebrum be lacerated or disordered, language or vocal speech is lost. This, as far as it goes, indicates that different parts of the brain have special functions.

When several regions are definitely understood, others may be learned inferentially, or in the way other problems are solved. One point helps to discover another, is accepted of every puzzle. The brain is not the mystery it was twenty-five years ago, and within the next twenty-five years its analysis will be quite complete. Charcot and Ferrier have done more than Rolando and Flourens. Even the somewhat fantastic notions of Gall and Spurtzheim have contributed no insignificant fact in the progress made.

TREATMENT OF SCIATICA.

For many years galvanism has been lauded as a remedial measure in sciatica. It has often accomplished very much in the way of permanent good, and very often the disease has returned or

attacked some distant locality and brought the remedy into disrepute. No patient should be treated by galvanism without resorting to the proper constitutional remedy in connection with galvanism. However, a patient may present no constitutional disorder for the time, during his worst suffering, as the whole systemic disease has located itself within the sciatic nerve and its investing sheath. The proper constitutional remedy cannot at all times be selected; but if galvanism be applied the immediate localization of the disease will be disrupted and subjective symptoms will appear leading to the proper constitutional treatment. This is more especially true when the sciatica has become localized from a primary constitutional disorder.

Galvanism, when properly applied, generally relieves the suffering, and when the disease is purely a local one, the relief gained from day to day will be permanent. The disease may be considered a local one when no new symptoms appear after a few applications of the galvanic current. The proper constitutional remedy should be the one that fits the case, and not an agent recommended to cure sciatica. We have cured very severe cases of sciatica with ten applications of the constant current, used daily; and again, twenty have been required. It is usual to expect relief from the first application, but the absence of relief at the first sitting is no evidence that galvanism is not curative. The most distressed suffering ever witnessed was caused by the first application of the constant

current in sciatica. But after the first day of pain the patient speedily began to improve. The improvement was so rapid, that in one week he consented to another sitting, which was even agreeable during its entire course.

CLINICAL CASES OF THE HOMŒOPATHIC MEDICAL COLLEGE OF MISSOURI.

SERVICE OF J. TYLER KENT, M. D.

[Reported by E. B. Thomas, Student.]

Case 1. Mr. D., aged 68; first visit, Nov. 12; heavy set, weighs about 170 pounds; gray hair, stoop shouldered; of previous active habits; came to the clinic well muffled about the face, head and neck, and bearing marks of inattention to person; had epileptic form of convulsions for a number of years, always falling backwards; attacks coming on without warning; head badly bruised and swollen from falling in the last attack; never had a fit in the house; occur always in the open air; don't go to sleep after the fit; they occur two or three times a week; has been having these attacks two or three years, accompanied with loss of consciousness; occasionally bites his tongue and froths at the mouth, accompanied with loss of consciousness; hot feet and head; burning sensation, as if some small thing was creeping in his muscles, causing

pain. Has attended the clinic of the Homœopathic College of Physicians and Surgeons for some months, without any improvement.

Sulphur, 30th, was given, and continued for two weeks, during which time he had only one attack, and that in the house, which lasted ten minutes; he remained conscious all the time. He continued on sulphur, 200, for six weeks, improving all the time. Some of his previous symptoms returned; he was put on cal., 200, under which he has constantly improved, and is fast regaining his health; but one fit occurring since he has been under treatment.

Case 2. A young married woman, some 25 years of age, applied to us for treatment. She complained of great pain in the left ovary, and there was great pain on pressure, darting back through the ilium; and there was a dragging down pain in the pelvis. She complained of a sore pain in the vagina, prohibiting intercourse. There was a constant burning, voluptuous pain, in the vagina, and about the labia and mons veneris, often accompanied with pruritus. She was annoyed by nightly venereal orgasms and erotic dreams; the menstrual discharges were profuse, too soon, and lasting too long. There was a profuse leucorrhœa during the interim; the discharge excoriated her genitals and thighs. Her erotic exaltation amounted almost to a nymphomania; she suffered from smarting in the urethra, and her urine dribbled. She had suffered from three abortions; she had been under medical treatment sev-

eral years, for this most troublesome disease, and was cured in one month by Thuya. 2 x.

Case 3. Mrs. H.; has been a constant sufferer for 20 years, with a "sour stomach" (gastric neurosis), and symptoms something as follows: During bright pleasant weather, she has been moody and even disposed to melancholy. In stormy, wet, cloudy days, she has felt a perfect relief, and was light-spirited, talkative, and free from all sadness; always better in the open air; coldness in the dorsal region, with weakness in the back, about the lumbar region. Feels better after eating; can't eat fats or acids; lives on lean meats; she has almost constant "growling headaches"; cannot bear any pressure on the head; even the weight of a hat annoys her. Her head aches when she has been up a few hours, and continues to grow worse during the forenoon, and when the sun goes down she is free from pain in the head. She has for 20 years suffered with sour eructations, beginning three or four hours after every meal, lasting until she has eaten again. She is always worse when the stomach is empty. There has been a constant smarting and burning in the stomach, extending up the œsophagus, with heart-burn and sometimes waterbrash; wandering neuralgic pains have often been present.

Nitric acid, 3 x, cured this case in three days. She continued the medicine but one week. She has been well seven months, and can eat any kind of food desired.

Case 4. Mrs. G., from Memphis, came here

for treatment; aged 23; the mother of two healthy children; short, and presents a well nourished body; has never been sick and knows of no pains or aches; her bodily health has always been extremely good; objectively there are facial lines denoting mental distress, the nature of which it seemed hard to obtain. The result of a lengthy examination revealed the following: She has suffered since puberty with a peculiar mental anguish, somewhat changeable in character; her mind is absorbed by one object, which she dwells upon for days and weeks; sometimes it is one thing, and sometimes another; can't rid herself of it; it annoys her to an extent that prevents sleep. It is of a philosophic nature in character, generally, and is of first cause. She is diverted from it only at short periods, by the presence of strangers or friends; the presence of husband or mother is no restraint; her efforts to rid herself of the subject possessing her mind, has resulted in a mental anguish that makes her life miserable.

Sometimes it is a knife, sometimes it is a piece of furniture, that is the cause of her worriment. The perplexing problem with her, is—"Who made the knife?" Answer, man. "Who made man?" God. "Who made God, etc.?" and the same form of questioning recurs day after day, for weeks and months, during her wakeful hours. Her present worriment is about the sun, moon, light, nature and God—and who made them, and who made God. She has raved in despair at times from being unable to solve these things, and broken furni-

ture and looking-glasses in her frenzy. She dreads being alone, and craves company, although in her family she scolds the children and treats them indifferently. She fears she may lose her mind at times, or do them harm, and is at all times capable of reasoning on her own condition. She has been treated for hysteria, and told to stop thinking on such subjects, and such effort on her part has generally resulted in a mental excitement bordering on despair. The more she sought to lose herself in household duties, the higher her mental excitement rose. The general philosophy of nature, and the laws of nature, have become a horror; she was afraid to think.

Treatment. She was advised not to resist thinking, but to think on anything she pleased, as long as she pleased, and as often as she pleased; was told she never could harm her family—could never get insane with all her thinking on that which troubled her most. Sulphur, 6th, one dose a day, was prescribed, then blanks. There were no symptoms of her malady for six weeks, when signs of its return appeared. She took sulphur, 200, one dose, and is now well and happy. She had been under treatment for thirteen years constantly, and smilingly remarked that her friends South would laugh at her for being cured by a Homœopathist, she having taken no homœopathic treatment up to this time.

Case 5. Mrs. B.; was advised to visit us, by Mr. H., of Chicago. Had sick headache, and had been medicated for it a long period; also, a troublesome cough, particularly when getting warm in

bed; has empty feeling in pit of the stomach, with constipation; could not at anytime completely evacuate the rectum, and there was a weight as of something remaining after stool. Also a sense of weight in the uterine region, and a pressing down as if the uterus might escape from the ostium vaginæ; has often prepared herself with a napkin to guard this opening, so great was the fear of protrusion; she had sometimes crossed the limbs for the same purpose.

The character of the sick headache was not further investigated, and the patient was sent home with sepia, 12th. She is now entirely free from all her troubles—a healthy woman.

PSYCOLOGICAL SCIENCE IN THE CURRICULUM.

BY A. WILDER, M. D.

The addition of psycology to the category of sciences, in the medical curriculum, is a welcome innovation upon an old precedent. It has long been felt by others than the Scottish King, in the drama, that it was the province of the physician to

> "Minister to a mind diseas'd;
> Pluck from the memory a rooted sorrow;
> And with some sweet, oblivious antidote
> Cleanse the stuff'd bosom of that perilous stuff
> Which weighs upon the heart."

Several institutions have, therefore, placed the name of the intricate science in their announcements, and assigned it to a department of pathology, where it was considered as appropriately belonging. The various neuroses and mental aberrations have thus been treated as though they included what was known concerning psycological medicine. It is more or less unfortunate as tending to mislead. That insanity in its various phases, as well as other "diseases of the nervous system," should be regarded as pathological in a mental as well as corporal sense, I am not disposed to question. The disordered mind and rooted sorrow, trouble of brain and weight upon the heart, are all psychical ailments, and must be treated as such, in order to be remedied. But the science which regards solely or chiefly these neuroses and aberrations, and contemplates them principally from the physical side, is psychological only according to an inverse view. It is like studying life from dry bones and corpses, and health from the bloated and ulcerated wretches that people a lazar-house. The higher and more accurate knowledge, however well it may be illustrated by such contrasts, may not thus be obtained.

A mental, if not moral obliquity of vision is occasioned by such methods of exploration. We note analogous examples in other vocations. The average lawyer seems to consider everybody a knave, and physicians often think and speak of health as always being imperfect. A policeman looks upon every man as deserving to be arrested; and many persons deny the existence of virtue, integrity, or probity in man or woman. "All men are liars," cried a Hebrew poet, in his haste, taking the inverted view of the universe; but the judgment of such critics is certain to react upon themselves. A man or woman who steadily contemplates a disagreeable object, or considers an object in a disagreeable light, is inevita-

bly certain to be or become substantially of a like character. If, as the apostle Paul declares, "we all, with open face, beholding as in a glass the glory of the Lord, are changed into the same image, from one gradation to another"—then conversely, by contemplating what is ill, we will undergo like transformation into the same, which can but be poorly compensated by any extraordinary knowledge or astuteness which chances to be thus acquired.

The plane of true psycological science is on a higher altitude. It is a deeper learning for us to know man, from his motives, than from the incidents and phenomena of his existence. Physiology, as it is now regarded, the science of organs and functions, can only approach this department of knowledge. It is an error to suppose that the mind is only the outcome and product of the corporeal or cerebral structure. A human being is no more the aggregate of the physical organism, than a government is the sum of the districts and territories which it controls. It serves to maintain social and political relations, but is discreet in character and constitution.

The subordination of the whole body to the nervous system, is a recognized fact. The digestive, circulatory, secernent and respiratory apparatus are its servitors. It concentrates all the energy which is ministered from without, for the purpose of physical development. This is the history of every individual. All the way from germ and embryo to infant, adolescent and mature adult, there is a constant discarding of former conditions for those more perfect. It is indeed, "first the blade, then the ear, and then the full corn in the ear." At the latter point, "when that which is perfect is come, that which is in part shall be done away." The rejection of straw and chaff does not imply the destruction of the grain itself. They perish because they cannot partici-

pate in the higher development. The grain subsists without them. The house stands when the scaffolding is withdrawn, which was once necessary. So the human soul, having survived the various changes of the body, continues to exist when the corporal structure is entirely removed. The gradual decline of the mental faculties involves no wasting away of the physical entity. The workman may not be able to display his wonted skill when his tools become blunted and old; but the skill itself remains. When the organs of the body which have performed their functions, perish, a blank oblivion will not occur to crown their work. The result of every evolution has been a higher degree of completeness; and such will be the future history of the human soul.

Psycological science accordingly relates in a superior degree to the facts and phenomena of the interior man, including the nervous system and its accidents, as subordinate and ministerial. It brings into its province the various half-sciences which have not yet obtained recognition at the hand of reputed *savants*, assuming to be umpires of what may and what may not be received and acknowledged, however well understood by philosophers and explorers in the world of causes. We may not lawfully consent to the placing of dogma above doctrine, of argumentation above intuition. The opinionable is to the knowable as the image to the reality.

Psychical science thus takes its proper place above those departments of knowledge that are principally founded upon observations of phenomena and accidents. It relates to the primary or interior qualities, which constitute the soul or self-hood of the human being. We should not be startled at learning that such endowments as goodness, virtue, fortitude, were real entities from which the substance of life was evolved. Nor should we be surprised to know that morality was a principal con-

stituent of vitality. Up to such heights our subject carries us. In the analogy of nature, that which is evolved must needs be first involved; and so the mind outcoming from the nervous structure of the body, is at the same time the emanation of the Supreme Good.

In its relations to the physical structure, it behooves us to consider it more diligently. We perceive our health, muscular energy, vigor of thought, even the very glands and associated organs to be controlled by the emotions, as well as by the vigorous exertion of will. Here is force infinitely superior to the potential energy treated of in our books. Faith invigorates the whole being; love and hope empower us to achieve incredible exploits; hate and anger will poison the blood and derange the intellect; sudden paroxysms of grief move us to tears; fear and distrust paralyse the functions or make them act abnormally. Physiology, and even its auxiliary, pathological science, cannot account for these phenomena. They are nearer allied to the things in heaven and earth, which are not dreamed of in a sensuous philosophy. They pertain to the "higher law." But we can perceive that the numerous derangements characterized as nervous, are beyond intelligent comprehension, except these matters are well understood. It is vitally important at the same time to be conversant and familiar with what has been noted and elucidated by the various specialists in science. There is no real knowledge of which we can afford to be ignorant. We should understand about lesions and other malversations; nothing pertaining to the human structure may be neglected without loss and detriment. I would not bate a line of technical knowledge. What I plead for is the existence of an interior and higher entity, the ruler and gubernator of the body, capable of modifying and controlling the physical derangements. It may act by the application of the

will, aided or not aided as the case may be, by appropriate auxiliaries to obviate and remedy them.

Cherishing these sentiments, it seems eminently proper to give its appropriate place in our curriculum to that department of science which treats of the various qualities and characteristics of our nature that distinguish us from other living beings, and constitute the essentials of our humanity.—*Medical Tribune.*

NERVE INFLUENCE ON THE TISSUES.

Since the year 1869, Dr. Brown-Sequard has noted the power possessed by the central nervous system, under the influence of certain irritations, to arrest the nutrition in different tissues and organs. The maximum arrest of the interchange between the tissue and the blood is produced by a puncture near the point of the calamus scriptorius, but it is also caused by stimulation of other parts of the cerebro-spinal center, and even of the sensory nerves. After fatal injuries, which cause death by sudden arrest of these interchanges, and arrest of the respiratory and cardiac movements, there are no convulsions, the blood in the veins is red, the temperature of the body rapidly falls; the functions of the spinal cord, of the nerves, and of the muscles are maintained for a long time, and cadaveric rigidity and putrefaction set in late.

He has lately found that the medulla oblongata and spinal cord possess so powerful an influence on the interchanges of material of the body, that the arrest of these can be produced by merely flexing suddenly the head

upon the thorax. Two effects can then be observed—(1) the blood in the veins, previously dark, becomes almost immediately bright red; (2) the temperature of the animal falls. In addition, considerable apnœa comes on. The apnœa would cause the blood in both arteries and veins to become darker, but in spite of this influence the blood, even in the veins, becomes lighter. Dr. Brown-Sequard has often observed this phenomenon in cases of apnœa, with or without cardiac syncope, produced by irritation of the cerebro-spinal center of the pneumogastric nerve, or of the ganglia of the abdominal sympathetic.

It may be asked, however, whether the effect of the injury to the medulla, on the color of the blood, is not due to the stimulation of the alleged vaso-dilator nerves. The following observation disproves the hypothesis. When there is an arrest of the interchange of material between the blood and the tissues, the vessels, instead of being dilated, present a notable diminution of caliber. Dr. Brown-Sequard found that in an animal in which the dorsal spinal cord had been divided, irritation of the medulla and spinal cord, such as will cause the effects above described, produces these everywhere, except in the parts which receive their nerves from the portion of the spinal cord which is separated from the brain. Hence it is certain that the effects are produced through the agency of the nerves coming from the medulla or cord, and acting upon the tissues.—*E. Med. Journal, Cin.*

DEPARTMENT OF OBSTETRICS,

W. C. RICHARDSON, M. D., Editor.

UTERINE CATARRH.

BY L. S. ORDWAY, M. D., HOT SPRINGS, ARK.

DEAR "COURIER":

Though my first appearance in your columns, I believe I am not an entire stranger to all your readers.

In a residence of five years (being in active practice all the time), I have had experience with a large variety of cases, and been able to note the action of these waters, combined more or less with homœopathic treatment. By your request, I will, from time to time write up different medical points as I see them, and report some cases of interest.

I will confine this article to a general review of one class of patients, viz., a large number of ladies who seek this resort for troubles peculiar to their sex. I am safe in saying that a large majority of these patients are troubled with catarrh of the uterus, and the surrounding organs and tissues. Hypertrophy and induration being present in a greater or less degree, in all cases so affected.

Many of these cases have been shamefully abused by the self-styled "Regulars," before coming here, and some after coming here (before

changing practice), being frequently diagnosed as ulceration—the discharge (which at all times is great), being mistaken for an ulcer, and the patient subjected to being cauterized with nitrate of silver, every application "adding fuel to the fire," necessarily making *worse* what they *pretend* to be curing, adding bodily injury to bodily pain.

I wish to add right here one word to what Prof. M. M. Eaton, of Cincinnati, and others, have said against the *abuse* of the speculum by the wholesale use of it in every case of female trouble that comes up for treatment. Like others who have written on this point, I do not condemn the speculum, but its *abuse*. In many cases, especially of the class mentioned above, a properly *educated* finger carefully applied, will not only give the condition of the os, but the size and condition of the body of the uterus itself. Thus giving ten times the amount of information possible through the speculum; and the information be gained, and one of the patient's greatest objections to an examination put out of the way.

It may be proper for me to say here, that having treated such cases before coming here, as well as here, I am prepared to say that bathing and local treatment by the hot douche, together with the *same* means desirable for such cases elsewhere, will not only hasten a cure, but make permanent what (in many cases at home) is only a relief for a few months. Such cases as are a constant source of annoyance to the general practitioner, always returning in a few weeks, or at most months, after

being discharged cured. (?) I have learned since coming here to regard such cases as fed by a dyscrasy; which condition of the blood being eliminated here, the patients get permanently well.

I find that of these cases of catarrh of the uterus, some will, by judicious use of the hot water, by bathing, and if necessary, local douche, recover with astonishing rapidity without other treatment. Others need the assistance of properly chosen remedies, and still others need some local treatment, prominent among which I find the most frequently called for, an application of the appropriate glycerole on a tampon of cotton, introduced without a speculum—that instrument being right in the way; as in nine cases out of ten the tampon should be placed in Douglass cul de sac, which is occupied by the speculum or obliterated by its dilation.

A Case. Mrs. ——, of St. Louis, who *appeared* to be in perfect health, but who had suffered from "weight and bearing down pains" in the lower part of the abdomen, combined with severe depression of spirits—amounting at times to intense agony—at the time of the menses, great pain—had been treated by her (Regular) physician for ulceration of the os (which never existed), and had been sent down here twice, each time getting much better. But being assigned to "old school" hands the abuse was kept up while here, until near the end of her second and last visit, when I was called in, by a digital examination I diagnosed catarrh of the uterus, with extended hypertrophy

and induration. The patient was put upon Cim. 2 x, glycerole of Bell. applied for two days; then glycerole of Hydrates, every other day. Bathing continued. In thirty days the patient returned home well, and now after two years has had no return of these troubles.

HOT WATER INJECTIONS FOR POST-PARTUM HEMORRHAGE.

The use of hot water, as recommended by Emmet, appears to be more and more appreciated across the Atlantic. Dr. Atthill (Annual Report of the Rotunda Hospital, Dublin, *Dublin Journal of Medical Science*, December, 1879) says that this treatment has proved eminently satisfactory. It has, indeed, much to recommend it, for not only is it a poweful hemostatic and excitant of uterine contraction, but it is also a general stimulant. If used with ordinary care, it is not only harmless, but beneficial, by thoroughly cleansing the uterus from clots, portions of membrane, etc., which may have been left in its cavity. It will not, in Dr. Atthill's opinion, be found altogether to displace the use of cold water or the perchloride of iron, but rather to be applicable to a distinct class of cases, in which the former of those remedies would be unsuitable, and the latter unnecessary. The

method of carrying out the practice is exceedingly simple. An ordinary syphon syringe is the only instrument required, though we now use one with a long vulcanite nozzle, specially constructed for a vaginal and intra-uterine injection. This is carried up to the fundus, and, with the usual precautions against injecting air, and securing a free return, we inject water as hot as can be conveniently borne by the hand, *i. e.*, about 112 degs. F., in a full stream into the cavity, continuing this until a good contraction is secured, and the water returns quite clear and colorless. Dr. Atthill, gives the following as some of the results of his experience in the use of hot water:

1. In cases of sudden and violent hemorrhage in a strong and plethoric woman, it is better first to use cold.

2. Where, from the prolonged and injudicious use of cold, the patient is found shivering and depressed, the beneficial effect of injecting hot water is rapid and remarkable.

3. In nervous, depressed and anæmic women, hot water may at once be injected without previously injecting cold.

4. In cases of abortion, where, from uterine inertia, the ovum, although separated from the uterine wall, is wholly or in part retained, the injection of hot water is generally followed by the most satisfactory results.

5. Where the injection of the perchloride of iron is considered necessary, previous injection of hot water clears the uterus of clots, etc, permitting the fluid to come directly in contact with the bleeding surface, and lessening the danger of septic absorption.—*Chicago Medical Review.*

DEPARTMENT OF SURGERY,

J. W. THRASHER, M. D., Editor.

SURGICAL DIAGNOSIS.

BY J. G. GILCHRIST, M. D., DETROIT, MICH.

Something in the art of surgery is so fascinating to the youthful medical mind, that it is a common occurrence to find young practitioners claiming consideration as "surgeons"—a claim based entirely, in most instances, upon a more or less acquaintance with the principles of the *art*, the more essential *science* being either imperfectly comprehended or entirely ignored. The ability to amputate a limb or remove a tumor, is purely a mechanical accomplishment, and can be successfully, even brilliantly performed, without a particle of genuine surgical knowledge. Permit me to indicate the direction in which aspirants for surgical achievement should pursue their studies, supposing what I have to say as addressed to the student and young practitioner entirely.

In determining, *pro* or *con*, on a question of operative interference, the answer must hinge entirely upon our knowledge of the condition, the forces in operation to promote repair, and those tending to perpetuate the morbid action, with some approximate knowledge of the actual condition of those

forces, as to states of plus or minus. Of what avail would be operations for stone in the bladder, when the stone was only the result of morbid states in the kidneys entirely, without conjoint treatment to meet this condition? So throughout the whole catalogue of surgical affections, we must have an accurate diagnosis, and an intelligent conception of etiology at once to enable us to determine the line of treatment to pursue, whether instrumental or otherwise, and to establish a prognosis.

None will deny this, yet have I often been surprised to witness a practical forgetfulness of it, when we had a right to expect better things from the offender. Even our best text-books are singularly misleading, in some respects, in this particular. The whole matter may be summed up in a few words: The causes of morbid action are exciting *and* predisposing, or maintaining. The former are those that render all men equally liable; the latter those which make one man more liable than another. A man has an ulcer or a tumor succeeding the reception of an injury. The injury is *only* an exciting cause, the spark that warmed into life the latent morbid action. The true surgeon, the student of the *science* of his calling, will put the cause, as an element in diagnosis, entirely aside, after determining if it conveyed any specific infection, and inquire why should *this* man suffer in this way, when hundreds of similar cases have no such history.

The truth will be reached by following the good old Hahnemannian method of securing the totality

of the symptoms. The difficulty seems to be in a misapprehension of the meaning of the word "totality," many appearing to consider it as referring entirely to merely subjective sensations, getting all the patient has to tell. The true method is, to pursue the legal style, and take nothing on hearsay, submit everything to the test of positive evidence. We must take nothing for granted, coming from patient or friends, that cannot be corroborated by our own senses, if possible to apply such a test. The microscope, the test tube, the thermometer, the sethoscope, the ophthalmoscope, the laryngoscope, and the various speculae of other forms, must all be used to elicit knowledge, and the evidence that they furnish must at all times be of the most valuable character, and not lightly thrown aside for purely subjective indications, which often wilfully or ignorantly mislead.

Without such an examination, our knowledge of a case is deficient. Without such knowledge, our treatment is unscientific, because uncertain; and whatever good results are obtained, are often the result of chance, and often reflect little credit upon the practitioner. Let me, therefore, exhort the surgical aspirant, to devote more time to the science of the topic than many now give, and if his enthusiasm outlives his work, he is the man for the calling; if not, the profession can well spare him.

THE EYE—TWO CLINICAL CASES.

Case 1. Blenorrhœa of the Lachrymal Sac.

Mrs. T., age, 56; married; generally enjoys good health, except occasional indigestion, the latter sometimes accompanied by functional disturbance of the heart.

Four or five years ago the tears from the left eye began to run over on the cheek. At first this phenomenon was noticed only occasionally, and at such times as the patient was exposed to the cold winds, and other influences apt to increase the secretion of the tears. The intervals during which the patient was free from the annoyance, grew shorter up to about three months before she applied for treatment, when the sac became distended and the patient was able to press out of the puncta a muco-purulent secretion, and the tears flowed over on the lid as fast as secreted. The nasal duct became strictured, and the tears did not pass, as they should, through the lachrymal apparatus into the nose.

From the first signs of the muco-purulent secretion, the matter pressed out became more and more thick, and of the nature of clear pus, while the eye was continually irritated, and the conjunctiva inflamed. When I began treatment of the case the discharge had a very bad odor.

Treatment. I first introduced a No. 1 Bowman's probe through the lower punctum and canal-

iculus, into the sac, to see if this passage would let the knife pass; I then passed a probe-pointed knife (Noyes') through the same, and slit up the canaliculus. (The knife should be turned toward the perpendicular, and a sawing movement made, in order to cut the canthal ligament away enough to give sufficient room for the probes.)

I then passed into the sac different sized probes, and tried to pass the nasal duct, which I found narrowed by a stricture to such an extent that I could not pass a probe of *any* size, at first, without using more violence than I felt justified in using; and therefore for the first half dozen calls of the patient I injected into the sac a solution of sulphate of zinc, 2 grs. to the ounce; and had her apply locally a solution of arnica tincture, one drachm to a glass of water. Internally, for the first day or two, aconite; followed by pulsatilla, for two or three days; then the remedy she is now using, silicea, 30, one dose a day.

Under this treatment the condition of the apparatus began immediately to improve. At the end of a week the wound had healed, and the traumatism had disappeared. I then took a No. 2 Bowman's probe, and gave it a slight curve, passed it into the sac with its convexity backward, and turned slightly toward the nose, the probe leaning from the perpendicular toward the nose. I then pressed steadily and gently on the instrument, which I could feel was moving gradually onward. It took a sudden start, and passed easily for a short distance, when it seemed to meet

with another narrow place, which, however, did not offer much resistance. I removed this and immediately passed after it a No. 3. The next day I used No. 4, and so to No. 6, which size I concluded not to exceed. Each day I syringed the sac with the zinc solution, after removing the probe, which I would let remain from fifteen minutes to half an hour each time.

Result of treatment three weeks after the operation: Blenorrhœa nearly all subsided; irritation of the eye disappeared; tears pass down into the nose, instead of flowing over on the cheek, except slight quantities occasionally. No. 6 probe passes easily, although I always precede it with No. 5.

I shall now send and obtain for the patient, Bowman's probe, which contains Nos. 5 and 6, and instruct the patient or some one of her family how to use it, recommending her to have the operation repeated every two or three days, for a month or two, and then once or twice a week for five or six months longer. In order to be sure that the passage keeps open, the probe should be passed every two or three weeks for a very long time.

The case is not given as a unique one, but, on the contrary, because it is typical of a great many cases that will fall to the lot of the general practitioner. I have purposely entered into its details, hoping thereby to make it more instructive. By exercising some care and discretion, a man of ordinary surgical ability may just as well treat such cases, as to compel them to seek aid from a specialist.

Case 2. Detachment of the Retina.

Tanner, a lad of 11 years of age, in July last, while helping about the "haying," was on a load of hay when a pitchfork was thrown up, one tine of which struck him on the temporal region, on the outside of the orbit. It made a wound which healed without any difficulty, and his parents did not know whether it penetrated the orbit or not; in fact, they would hardly have given the matter a second thought had not the boy's vision afterward become impaired.

About two months and a half after the accident the boy was brought to me for examination. I found that he was scarcely able to count fingers when held eighteen or twenty inches before his face. No abnormal appearance of the eye whatever, except a slight injection of the vessels of the sclerotic. Tension diminished.

Upon examination with the ophthalmoscope, I found the retina involved in an extensive detachment. The outer and lower quadrant was the least involved.

Refracting media clear.

Prognosis: Complete detachment and blindness.

The father, thinking the prospect so dubious, took him to Ann Arbor, to consult Prof. T. P. Wilson, who confirmed the previous diagnosis, and for treatment directed that the boy be taken home and placed in bed, with the eyes bandaged, and such remedies as arnica, apis, and bry., be given.

This plan was prescribed with the hope that absorption of the fluid behind the retina would take place, and the retina become reattached. He was kept confined in this way for about ten days, when it was found that he could not clearly discern anything with that eye. The ophthalmoscope now showed the retina to be nearly one floating mass. It appeared somewhat normal in the lower and outer quadrant.

There was only very slight tenderness in the ciliary region. The iris, which normally was blue, had become of a redish brown, and so remains up to the present time, constituting the condition called irido-choroiditis. There was probably a form of serous choroiditis which preceded the detachment.

Whether the fork penetrated the globe, or the concussion on the orbit started the retina to peel off, or whether the accident had anything to do with the disease, is more than I can say positively. I merely state the facts as I found them.

To the physician who is not skilled in the use of the ophthalmoscope, there are signs and symptoms, both subjective and objective, that will lead him to suspect this trouble where it exists.

The persons most apt to have the difficulty, are those who have abnormally long eyes, or near-sighted people. The bulging backward of the sclerotic and choroid, causes the retina to peel off, it not being so elastic as the other membranes. The case above cited is emetropic, or very slightly hypermetropic.

Blows on the eye, exudations between choroid and retina, choroidal tumors, etc., are causes of the trouble.

The doctor may suspect that detachment has taken place, if the patient complains of a sudden loss of vision, (partial loss at first—scotoma), generally in the upper part of the field, for the reason that when there is effusion it sinks down and detaches the lower part of the membrane; tension lessening, and the patient sees sparks, and objects seem to him distorted. (Metamorphopsia.)

In partial detachments the retina may drop back and become reattached to the choroid; but it generally goes on until it is all torn off, and complete disorganization and destruction of the eye takes place.

A SPECIAL CASE OF PROLAPSUS ANI.

BY ALEX. HARRIS, M. D.

[Jeffersonton, Culpepper County, Va.]

I was requested to visit Mrs. ——, of this county, April 1, 1880. Patient is aged about 40 years; is seven months advanced in first pregnancy, and suffering severe pain from a large prolapsus ani—the tumor being the size of a small fœtal head, and so much inflamed and tender, that she has been unable to return it for the last two days.

After the liberal local use of cold, the tumor was re-

turned, and a palliative treatment instituted until after recovery from parturition, (then two months distant), and its immediate effects. The history of this case is, that the patient has had prolapsus ani ten years, always produced by defecation, and lately a walk across her chamber has been sufficient to induce it. General good health.

On September 1st, finding that prolapse had occurred at every stool since the birth of her child, now three months old, and that the erect position, maintained for a short time, was capable to produce it, the treatment by ergotine was begun, by injecting gtt, xij of a solution of equal parts of ergotine and water beneath the prolapsed mucous membrane, *very slowly*, withdrawing the needle after two or three minutes, and returning the prolapse. The immediate effect of this injection was severe pain in the part, passing off, however, in a few hours, and succeeded by general soreness, which lasted from three to four days.

The effect upon the prolapsed bowel was marked. There was no tendency to protrusion except during defecation, and that to less than half the former extent. The injections were repeated at intervals of about four days, (the subsidence of "muscular soreness" being the criterion as to interval, the prolapse being induced in constantly decreasing size by straining at stool), until six had been given. After this the prolapse was not induced by a stool, and the necessity for the ergotine terminated.

It has now been a month since the last injection; the patient has been in the active discharge of the duties devolving upon a housekeeper in the country, but has had no return of the malady.

This plan of treatment was suggested to me by a paragraph in *Braithwaite's Retrospect*, for March, 1880, which credits Dr. Vidal, through the *Paris Medical*, with three cases of prolapsus ani, successfully treated by ergotine hypodermically, as well as the generally received doctrine, at the present day, of the physiological action of ergot upon relaxed tissues.

Book Reviews.

AN INDEX OF COMPARATIVE THERAPEUTICS, with a pronouncing Dose-List entirely in the genitive case; a List of Medicines used in Homœopathic practice, the attenuations most frequently recommended, and the proper pronunciation of each; Tables of Differential Diagnosis, Weights and Measures; Memoranda regarding Accidents, Poisons, Obstetrics, Urinary Examinations, Microscopy, etc., etc. Price, Cloth, $2; in Flexible Morocco Tucks, $2.50. By Samuel Potter, M. D., President of the Milwaukee Academy of Medicine. Published by Duncan Bro., Chicago, 133 Clark street.

This useful little book has at last made its appearance. We have carefully examined it, and unhesitatingly recommend it to the young or busy practitioner. The article on "Urine, Clinical Examinations," is alone worth the price of the book. Here we have all that is necessary for the ordinary physician to know on this subject, and the tests are sufficient, and up to date.

There is one mistake that the author makes in regard to specific gravity, and it is a mistake that we frequently see, and therefore should be corrected.

Our author says: "The specific gravity of normal urine is about 1.018; *i. e.*, 18 grs. of solids in each fluid ounce."

This is not correct, as an ounce of distilled water weighs but 437.5 grs.

Golding Bird, on "Urinary Deposits," says: "Thus if the degree 18 be at the surface of the urine, its specific gravity is said to be 1.018, (the number 1,000 being always added to the number on the stem). This shows

that a vessel holding, when quite full, 1,000 grains of distilled water, will contain just 1,018 grains of the urine, or other fluid under examination."

From this it will be seen that 1,000 grains of distilled water would be more than two ounces.

The arrangement of comparing the most advanced Allopathic practice, in parallel columns with the Homœopathic practice, is rather a new idea, and yet it may be beneficial; not that a young physician may make his choice of the different practices in the treatment of the case, but to show the *direction of the advance* that Allopathy is making.

The little book will be a valuable *Vade Mecum* for the pocket of the busy practitioner. We would advise all our young practitioners to get a copy of this excellent little book. J. T. B.

OBJECTIVE POINTS IN THE TREATMENT OF PHTHISIS. By Wm. Porter, A. M., M. D., of St. Louis, Mo. [Read before the Tri-States Medical Society, at Louisville, Ky., Nov. 1880.]

This is a six-page, well written pamphlet. The writer proposes two very important and proper questions, for consideration:

1st. "Why do we treat phthisis?"

2d. "How shall we treat it?"

Then, as a preliminary step, argues the question of the self-limited nature of the disease—against Prof. Flint—and arrives at the conclusion that the disease in question is not self-limited. We think that Dr. Porter is correct in this. Then, if the disease is not self-limited, consequently the answer to the first interrogatory must be in the affirmative.

In answer to the second interrogatory—"How shall we treat the disease?"—the writer labors with a task, from

his Allopathic stand-point so great, that the mythical Augean stables is but a morning's recreation, in comparison. But he very sensibly sums up the whole treatment in a few words as follows:

"It is not over-medication that is needed, nor is it a dependence upon the intrinsic tendency of the disease to recovery, that stamps successful practice. Rather, it is careful but decided aid to nutrition, attention to the protection of the body, proper use of complete rest, and ample exercise, each in its place, and promptly meeting all waste that will avail most."

Dr. Porter's treatment for night sweats in Phthisis, is "a few grains of Dover's powder"—the Allopaths' great diaphoretic!

The Doctor is like the man whose eyes were only partly open; he "sees men as trees walking." J. T. B.

THE MAN OF THE FUTURE. A Lecture by Rev. J. R. Hill, Pastor of the Reformed Presbyterian Church of St. Louis.

This is a most excellent and timely pamphlet. It is full of good points, on an important subject, and is fully abreast of the times in advanced thought.

When the pulpit joins with the medical rostrum in disseminating correct thought on such important subjects, the elevation of mankind will be assured. Every one should procure a copy from the author, and read it carefully, and good will be the result. J. T. B.

Managing Editor's Easy Chair.

WE have received from our friends letters of commendation and congratulation on the appearance and character of the first number of the COURIER. In response we desire to say that succeeding issues shall in every particular be superior to the first. Our publisher has promised us a better quality of paper and more care in correction of proof.

The new, clear, bold type bought and used especially for the COURIER, strikes every one favorably. We quote from a letter:

"On one point, in your journal, especially, you have placed the reading and hard worked Doctors under obligations, viz., its typography. I, for one, am obliged to do all my journal reading by gas-light, and that too, late at night. I find a very great difference betwen reading your journal, and any one of the others I get; and it seems too, as though the print on the *brain* was so much plainer, and lasts so much longer."

We are in recepit of the following communication, and as we are not selfish and believe editors should share their many good things with their friends, when practicable, we give it entire:

MR. EDITOR:—My rheumatic chirography has been "too much" for your compositor, and proof-reader. I thought it would be, because I omitted to tell you that it takes a cross-eyed printer to set up my manuscript. I never mention this fact on the first trial of a new printer, because I sometimes find a compositor whose mistakes improve my paper, and *him* I always leave to go his own gait. Your compositor isn't one of that kind, I am sorry to say. A red-headed old maid is a

success as a proof-reader; but you must take *this* on my word, as I decline to tell you how I found it out. I mention it simply, because I am anxious to help your journal. In return for my good will, you will, no doubt, insert the following table of

ERRATA.

Page 13, line 19, for "cente," read "lente."
" 14, " 1, for "gist," read "grist."
" " " 11, for "disease; state," read "disease-state."
" " " 14, for "Having," read "Hering."
" " last line, sor "provers," read "persons."
" 15, line 17 for "appeared to" read "appeared in"
" " 31, for "Cente," read "Lente."
" " 34, for "views," read "eyes."
" 16 6, for "prussic," read "picric."

You might imagine from the milky blandness of this note, that I enjoyed reading your first number; but the fact is my office was full of *condensed* theological phrases —a sort of short-hand Westminster catechism, compiled for use on special occasions. The "boss" phrase popped out when I read, inside your brackets, "Professor, Ann Arbor, Mich."

My dear Mr. Editor, the curl in a pig's tail don't improve the quality of the pork—moreover, it's somewhat in the way when one wants to sit down; then give that caudal curl to those who must wear it.

Truly yours,
S. A. Jones.

Deaths Among Whites and Negroes.—The late publication of the official population of St. Louis, showing 328,000 whites and 22,000 colored, has caused the Health Department to examine the ratio of deaths in the city of the white and colored people. The examination, based upon the deaths of last year, shows the white death rate to have been 17.8 in each 1,000, and the colored 35.4 in each 1,000.

This excessive mortality among the blacks is to be attributed largely to a lack of knowledge as to the simplest hygienic rules and their indifference and carelessness in matters of personal welfare. They are a happy-go-lucky kind of people whose long years of bondage seem to have robbed them of their self-reliance and made them indifferent to their own wants and necessities. They have always, according to the condition of their purse, a feast or a famine; in summer they need little clothing, and in winter they freeze because they lack forethought to lay up a few dollars for coal, rent and clothing. Their indifference and irresponsibility are not confined to physical matters, but extend to their moral dispositions as well; hence syphilis and other venereal diseases are alarmingly prevalent among them as a class. When infected, they do not ordinarily go to a physician until the disease has become far advanced, and made irreparable inroads on their constitution, leaving them wrecks for the remainder of their lives and tainting their progeny.

There is an increasing disposition among certain classes of the black race, to copy after the whites, in one particular. We refer to the abhorrence of child bearing. In conversation with an intelligent black man, on this subject, some time since, he mournfully remarked that his people were getting to be as bad as the whites, and he feared the race was doomed to extinction. Appearances certainly favor his prognostication, and there is only one salvation for them, which is education. Whether the remedy can be applied in time to effect its purpose, is a problem of extremely doubtful solution.

PERSONALS.

We had a call from Dr. Hedges, of Warrensburg, recentlv. The Doctor was in the city, attending his brother, B. F. Hedges, Principal of the Pope school, whose demise occurred on Jan. 20. The doctor and family have our condolence in this their sad affliction.

Dr. M. T. Runnels, by appointment of Gov. Gray, of Indiana, represented that State in the Quarantine Convention, recently held in New Orleans.

Dr. William E. Leonard has returned from a year's service in Ward's Island Hospital, and entered into active practice in Minneapolis, Minn., with his father, Dr. W. H. Leonard.

Dr. B. W. James, business manager of the *Hahnemannian Monthly*, attended the recent session of the American Public Health Association (of which he is a member) at New Orleans, where hd read a paper on abattoirs.

Dr. J. P. Dake, of Nashville, Tenn., was present at the annual Public Health Convention, at New Orleans. He writes that it was a most profitable and interesting session. He urges that our Homœopathic physicians should identify themselves with the Association, and make their influence felt in its councils and in its work. He was also a delegate to the Quarantine Convention, having been appointed by Gov. Marks, of Tennessee.

The Institute of Heredity will hold an important meeting in May. Loring Moody, Sec'y, Boston, Mass.

A PARTNER WANTED.—A first class practitioner, one who is ripe in experience, can hear of a good field to en-

ter into a copartnership, by addressing E. B. Graham, M. D., Cheyenne City, Wyo. Ter.

DIED—A. R. Bartlett, M. D., Aurora, Ills. Many years ago, we remember, Dr. Bartlett held the chair of physiology in the Cleveland school. He was a fine lecturer, and a genial and cultured gentleman. Had teaching been to his taste, he might have held a foremost position on the medical college rostrum. Dr. Bartlett's son, F. L. Bartlett, is a graduate of the Homœopathic Medical College of Missouri, and late President of the Alumni Association. He has our sympathy in his bereavement.

REMOVALS.

Dr. N. Zilliken, from Milton, Ills., to Chester, Illinois. The Doctor is an Honorary Member of the Missouri Institute, and an active worker.

Dr. H. C. Morrow, from Shelbyville, Ind., to Sherman, Texas.

Dr. J. S. Clark, from Olney, Ills., to Mason City, Io.

Dr. W. A. Glover, from Elmira, N. Y., to Hannibal, Mo.

Dr. O. W. Roberts has removed from Palmer, to Ware, Mass.

Dr. Emlin Lewis has removed from Wichita, Kan., to Buena Vista, Col.

At the urgent solicitation of friends, Dr. S. C. Delap has removed from Emporia, Kansas, to Trinidad, Col.

Dr. C. B. Currier has removed to 312 Ellis street, near Taylor, San Francisco, Cal.

Dr. S. P. Starritt has removed from Minneapolis, to Anoka, Anoka County, Minn.

Dr. T. F. Pomeroy has removed from Detroit, Mich., to Jersey City, N. J.

The Homœopathic Courier.

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Department of Theory and Practice.

J. T. BOYD, M. D., Editor.

TUBERCULAR PHTHISIS.

[CONSUMPTION.]

This disease may be justly termed the *Opprobium Medicorum*, for a disease that has been well known ever since medicine has assumed its place among the sciences—and for which no satisfactory or successful plan of treatment has been discovered, certainly is a deep disgrace on the medical profession.

Either false views have prevailed in regard to its pathology, or else some successful plan of treatment could long since have been discovered.

In writing on a disease that has engaged the ablest minds, both of this country and of Europe, for the past hundred years, it may look like pre-

sumption in us to attempt to throw light on such a difficult subject. We can only hope to draw the attention of the profession to some points that may be studied with interest and benefit.

A disease that is so uniformly fatal under all, and every form of treatment, imperatively demands the attention of the profession.

Prof. Flint, in his work on Phthisis, believes that the disease is self-limited, and reports 670 cases, in only 75 of which the disease seemed to be permanently relieved, and only 44 cured.

Such is the success of modern treatment in the hands of this most eminent of Allopathic physicians. The disease seemed generally to have resisted every plan pursued by this distinguished author.

We can hardly do worse in recommending a different plan of treatment. Let us first examine its

PATHOLOGICAL HISTOLOGY.

The best modern authors believe that this disease is the result of an inflammation of "low intensity, and of long continuance." Some writers, however, dispute this.

Lennec believed the disease was non-inflammatory. He says: "Phthisis pulmonalis is owing to the development in the lung of a particular species of accidental production, to which modern anatomists have restricted the name *tubercle*."

Andral says: "This phrase appears to me the most appropriate one that can be employed in the

present state of the science, to designate the change which *takes place in the nutritive process*, in the tissues which are the seat of accidental productions.

"None of them can be ascribed solely to a mere super-activity of nutrition, or to a diminution of this activity; and they are very erroneously, in certain nosological classifications, comprised under the head of a large class of diseases, called *secretory irritations*. In a greater number of cases, this irritation can be admitted only by mere inference, and this may lead to serious errors. There is in fact no proof, in a great many cases, that in the quarter where an accidental production is developed, there is at first any augmentation of the vital powers, any uncommon activity of the nutritive function, or an unusual afflux of blood.

"Yet there are other cases in which the diverse phenomena of inflammation, among which we must place irritation, are manifest, where an accidental production is forming. *In these instances, inflammation may justly be regarded as the agent by which the production is caused*, but this alone cannot explain its development; its operation is limited to that of a mere agent of impulsion. *It brings on a derangement in the nutritive process;* predisposition does the rest. The nutrition might have been deranged and perverted, and thus have given rise to an accidental production without any antecedent inflammation, active congestion, or irritating process whatever. If we imagine we have explained the cause, *in ascribing it to irritation, we*

have no further researches to make, and the science is perfect. (The italics are our own.)

"If, on the contrary, while we admit that irritation may sometimes intervene as one of the agents in the development of accidental productions, we consider it a cause neither necessary nor constant. If we are convinced that even in these cases, it has only a secondary influence, and that *it never acts a higher part* than that of an occasional cause—then *the field of research opens anew*, and we examine those circumstances, physical or chemical, which by deranging the mode in which the materials of the different tissues are separated from the blood, produce cartilage instead of fibrous tissue, or tubercle instead of cellular tissue."

Notwithstanding these learned authors' opinions we do believe that these accidental productions are the "result of irritation, and an uncommon activity of the nutritive function," and we will proceed to give our reason for this belief, and fortify our position by the opinions of the ablest of modern pathologists; and if we succeed, then the admission of the eminent writers, that "If we sufficiently explained the cause in ascribing it to irritation, we have no further research to make, and the science is perfect," especially if we can apply the science of therapeutics to prevent the formation of tubercle, and render those innocous that have formed.

But, the first subject for our consideration is, what is the *modus operandi* of irritation and inflam-

mation? This we will now proceed to ascertain, and then apply it to the condition of the disease under consideration.

THE INFLAMMATORY PROCESS.

Green, the most recent writer on Pathology, published in 1878, says:

"Inflammation may be defined to be the succession of changes, which take place in a living tissue as the result of some kind of injury, provided that this injury be insufficient immediately to destroy its vitality. With regard to the nature of the injury, it may consist in some direct damage to the tissue, either by mechanical or chemical agents, or by substances conveyed to it by means of the blood vessels or lymphatics; or, the injury may be indirect, as in some cases of inflammation of internal organs arising from exposure to cold. In all cases, however, some injury of the tissue—an injury which impairs, and if of sufficient intensity, would destroy its vitality—precedes the occurrence of the local changes which constitute the inflammatory process.

"The exact nature of these changes has for the most part been ascertained, during the last ten years, mainly owing to the experimental researches of Professors Cohnheim, Stricker, and Burdon Sanderson.

"The method of investigation has consisted in the artificial production of inflammation in the

lower animals, and the observation of the process as thus induced. This process comprises,

"*First.* Changes in the blood vessels and the circulation;

"*Second.* Exudations of liquor sanguinis, and the migration of blood corpuscles; and

"*Third.* Alterations in the nutrition of the inflamed tissue.

"It will be well, in the first place, to consider each of these separately, in the order of which they occur.

"FIRST—CHANGES IN THE BLOOD VESSELS AND CIRCULATION.

"These changes which result in increased vascularity, have ever been regarded as playing a most important part in inflammation, as upon them principally depend those signs of the process which are most obvious during life.

"The redness, heat and swelling, which are so constantly met with in inflamed tissues, are in great measure due to the attendant hyperæmia. The swelling, however, is in most cases dependent rather upon the effusion than upon the over-fullness of the blood vessels.

"These changes in the blood vessels and circulation, are essential constituents of inflammation, both in vascular and in non-vascular tissues. In the latter, which comprise the cornea and cartilage, they take place in the adjacent vessels from which

these tissues derive their nutritive supply. The nature of these vascular changes has been studied by the artificial production of inflammation in transparent tissues, in which the circulation can be readily observed; the web, mesentery, and tongue of the frog, and the wing of the bat, being most convenient for this purpose.

"The first effect of injury of the mesentery—mere exposure to the air being sufficient for the purpose—is to cause *dilatation* of the arteries, and after some interval, a similar dilatation of the veins and capillaries. The dilatation of the arteries commences at once, and is not preceded by any contraction. It gradually increases for about twelve hours, and is accompanied also by an increase of the length of the vessels, so that they become more or less tortuous. This enlargement of the blood vessels is associated at the commencement of the process with an *acceleration* in the flow of blood; this, however, is soon followed by a considerable *retardation* in the circulation the vessels still remaining dilated. These alterations in the rapidity of the blood-flow cannot be owing to the increase in the caliber of the vessels, which remain throughout dilated. * * * * * * *

"In studying the retardation of the circulation in the dilated vessels of the mesentery, it will be found that this sometimes commences somewhat suddenly, and that it is usually first observable in the veins. It gradually increases, until ultimately, in some of the capillaries the blood-stream com-

pletely stagnates. This condition constitutes what is known as 'inflammatory stasis.' * *

"SECOND—EXUDATION OF LIQUOR SANGUINIS AND THE MIGRATION OF BLOOD CORPUSCLES.

"The migration of the white blood corpuscles (leucocytes) through the walls of the blood vessels, was first described, although very incompletely, by Dr. W. Addison, in 1842. This observer stated as the result of his researches, that in inflammation these corpuscles adhered to the walls of the vessels, *and passed through them into the surrounding tissues.* In 1846, Dr. A. Waller described more fully the same phenomenon, and from his description there can be little doubt that he actually observed the emigration of the corpuscles. *Both these observers concluded that the escaped blood corpuscles became pus corpuscles.*

"Their discoveries, however, were little thought of and were soon forgotten; and it was not until 1867, when similar investigations were instituted quite independently by Prof. Cohnheim, of Berlin, to whose minute researches we must ascribe most of our present knowledge on this subject—that the emigration of blood corpuscles came to occupy an important place in the pathology of inflammation. Associated with the passage of the blood corpuscles through the walls of the vessels, is an *exudation of Liquor Sanguinis.* The exudated liquor sanguinis, which constitutes the well known

inflammatory effusion, differs from the liquid which transudes as the result of simple mechanical congestion, inasmuch as it usually contains a larger proportion of albumen and firibrinogenous substance, a proportion which increases with the intensity of the inflammation. It also contains an excess of phosphates and carbonates.

"THIRD—ALTERATIONS IN THE NUTRITION OF THE INFLAMED TISSUE.

"The remaining constituent of the inflammatory process, consists in alterations in nutrition of the elements of the inflamed tissue.

"The alterations in nutrition which accompany inflammation, are in certain tissues characterized by an exaltation of the nutritive functions of some of the cellular elements involved in the inflammatory process.

"This increase in the activity, and variation in the form of the cells, is usually accompanied by the growth of their protoplasm, and frequently by its division or by vacuolation and endogenous development, and thus by the formation of new cells. In many cases the protoplasm, as it increases in bulk, becomes cloudy and granular, so much so as frequently to completely obscure any nuclei which it may contain. This occurs especially in epithelial elements, and it constitutes the condition known as '*cloudy swelling*.' It is well seen in the glandular epithelium of the kidney, in acute tubal

"Although the earlier alterations in the nutrition of the cellular elements of inflamed tissues are thus in many cases those of increased activity, the subsequent ones are characterised by *impairment* of nutrition. The well known effect of inflammation to injure the part affected by it. This injurious influence is in a great measure due to the blood stasis, and to the infiltration of the tissue with the inflammatory products which have escaped from the blood vessels. * * * *

"It has been seen that in the process of inflammation innumerable white blood-corpuscles pass out of the vessels into the surrounding tissues, and as these are indistinguishable from pus-corpuscles, it must be conceded that one mode of origin of pus, is from the blood. Further, the white blood-corpuscles may multiply, and it is probable that by this means the production of pus may be greatly increased.

"The other source from which the cells of pus are derived, is from the cellular elements of the inflamed tissue. * * * * *

"Such being the modes of the origin of pus, it is evident that the more abundant the escape of blood-corpuscles, the more active the proliferation of the elements of the inflamed tissue, the greater its tendency to collect so as to form an abscess.

* * * * * *

"In inflammations of less intensity the escape of blood-corpuscles is less abundant, and the proliferation of the tissue less active, so that pus is not

produced in sufficient quantities to cause its collection in the form of an abscess. It merely infiltrates the part, and may require for its recognition the use of the microscope."

We have been thus prolix on this part of our subject, so as to get completely before the mind the whole process of inflammation. And as modern pathologists hold the opinion that *tubercular phthisis* is the result of inflammatory action of low intensity, then how do the miliary tubercles form, for the other forms of tubercle is but the result or modification of the miliary variety?

Let us see what would be the result of slight injury, as a cold, raw atmosphere, on delicate lungs having a hereditary predisposition to tubercle; it would irritate the lungs and the result of this irritation would be an inflammation of low intensity, minute pus corpuscles would be formed in the parenchyma of the lungs; and as pus cannot be absorbed, would remain in its situation and undergo retrograde metamorphosis, become a cheesy deposit, and act as an additional source of irritation, cause a proliferation of further degenerated cells, and ultimately vomicæ and ulcerated cavities connected by openings into the bronchial tubes, giving all the physical signs of dullness on percussion in the earliest stages, and pectriloquy, ægophony and amphoric sound, with the expectoration of pus; with all the attending symptoms, during the progress, of hectic

fever, chills, night sweats, debility, diarrhœa, serous effusions into the tissues, and death.

Kaltenbrunner describes curative inflammation as follows:

"Driven with accelerated motion, masses of the globules of the blood (here and there), rush by starts from the capillaries, and pour themselves into the parenchyma of the inflamed part. Here they lie, as bright red spots, or islands of different sizes. Soon the whole wound is surrounded by these islands, and the intervening tissue becomes highly turgid. This process which appears at first at the circumference of the inflammation, by degrees also involves the centre; completely resembling the morbid inflammation; and it is by its means that the morbid changes produced by the latter are gradually extinguished."

This is the result of curative or adhesive inflammation. Should it, however, in consequence of death or debility of any of these globules observed by Kaltenbrunner, undergo retrograde metamorphosis, the result would be an arrest of the healthy process going on in the tissue and minute pus globules would form—and as we have before remarked, they cannot pass the absorbent glands—the result would be tubercle.

On this subject Virchow says:

"This matter finds its simple solution in the fact, that *pus, as pus, is never reabsorbed.* There is no form by which pus, in substance, can disappear by the way of reabsorption."

Again, Green says:

"In both scrofulous inflammation and tuberculosis, there is a tendency to the development of large cell-forms, and to the formation of a lowly organized and non-vascularized structure, which soon undergoes retrograde changes. These characters of the inflammatory new growth, appear to me to be probably due to the inflammatory process occurring in tissues of such low vitality that the cellular inflammatory products are incapable of forming an organized vascular tissue, but merely undergo some increase in size, and then tend slowly to degenerate."

* * * * * *

Such, then, is the histology of Phthisis; and we think that we can say with Andral: "We have no farther researches to make (in this direction), the science is perfect."

Then we have arrived at a knowledge of the true pathology of tubercular phthisis, the different changes that take place, from the first deposit of the miliary tubercle to the formation of the giant cell, and the large cavity secreting pus from its lining membrane, with fistulous opening into the bronchi.

But we must be careful not to get the idea that this disease is merely a local disease, confined to the lungs; for tuberculous deposits occur in the other parts of the body as well, the same conditions produce the same results.

TREATMENT OF PHTHISIS PULMONALIS.

The treatment of this disease must be hygienic and dietetic, as well as medicinal. The old plan of administering expectorants to enable the patient to cough up the tuberculous deposit, as well as the gross perturbing course of treatment, was as unphilosophical as it was unsuccessful.

The first thing to be done for a patient who has a hereditary tuberculous taint, or who is supposed to be in the incipient stage of this disease, is to remove him if possible to a more favorable climate. The vast territory of the south, or southwest, affords the most inviting prospects to the consumptive patient, where moderate exercise in the open air, in a mild equable climate, will certainly afford relief and stay the disease—and if not too far advanced—will effect a radical cure.

The Diet. A great deal depends on this. Improper food, or imperfect assimilation, is sure to increase the degeneration already commenced in the most vital organ in the human economy.

If the digestive organs are feeble, they should be assisted with malt preparations, and with nourishing food, easy of digestion. By malt preparations, we do not mean those villainous compounds of hops, aloes, alcohol and sewer-water—known as ale, beer, etc.—but the different preparations of malt and pepsine that are so admirably prepared by different manufacturing chemists. A moderate

use of these will assist a weak digestion to assimilate food that otherwise could not be tolerated.

The use of wholesome animal flesh, especially game, is of importance in the treatment of this disease. Milk, and especially cream, from healthy cows, is an excellent dietetic remedy.

Fresh bread, especially that made from good Graham flour, without the aid of the alum "baking powders"—so much used at present—but that made by what is called "salt raising," so much used by farmers' wives. These with a variety of *sweet* fruits, with moderate exercise in the open air, will aid very materially in effecting a cure.

The Mind. The effect of the mind has a good deal to do in the treatment of any disease; and while it is characteristic of this disease that the patient is constantly hopeful, and many times thinks himself improving when he is evidently fast failing, yet the buoyancy of hope, and by keeping the mind as much off his complaint as possible—together with pleasant surroundings—will have a good effect.

Clothing. A very important auxiliary in the treatment of this disease, is good, warm clothing, suitable to the vicissitude of the climate, and the temperature of the atmosphere. Woolen clothing should be worn next the skin at all times.

Dr. Wm. Porter, of this city, concludes a very well written article on this disease, as read before

the "Tri-States Medical Society," at Louisville, last year, as follows:

"One important indication yet remains. It is that all abnormal waste, all leaks, should be stopped. Much has been written concerning the night sweats of phthisis, yet not too much when we think of the great waste of vitality thereby.

"Oftentimes this sympton may be controlled by a few grains of *Dover's powder* at night; and at the same time rest be secured from cough. The mineral acids, especially the nitro-muriatic, are valuable here, especially upon digestion.

"In advanced cases, where, from the absorption of purulent matter in the lung, there is hectic and its attendant evils, relief can often be afforded by placing the patient face downward, the head hanging over the edge of the bed, so that by gravity and the pressure of the body upon the thoracic wall, the removal of the muco-pus may be hastened. In such cases the deep inhalation of a solution of carbolic acid, or of the benzoate of soda, in spray, not only seems to render the pus less septic, but aids in its removal.

"Other sources of waste, such as diarrhœa, leucorrhœa and bronchorrhœa, are important, and demand notice.

"It is not over-medication that is needed, nor is it a dependence upon the intrinsic tendency of the disease to recovery, that stamps successful practice. Rather, it is careful but decided aid to nutrition, attention to the protection of the body,

proper use of complete rest, gentle exercise—each in its place—and promptly meeting all waste, that will avail most.

"Let me conclude with this amendment to the proposition already quoted—it is by treatment, hygienic and therapeutic, that phthisis is limited."

This from an allopathic physician, of such good standing, is very noticeable and timely.

Therapeutics. There are several remedies that may be extremely useful in the treatment of this disease, and *Sulphur* stands out prominently among these.

If the disease is the result of a retrocession of measles or some other skin disease, the use of this remedy and a hot alkaline bath will probably restore the disease to the skin again, and relieve the lung. Therefore the remedy should be studied carefully, as well as *Heper Sulp.*

Silicia. The well known effect that this remedy has over pus-generating, fistulous diseases, would at once direct our attention to this excellent remedy. It is worth more than all the cod-liver oil that was ever manufactured from lard and fish oil, which long-suffering patients have been drenched with during the last forty years. Therefore this should be carefully studied.

Calcaria Carbonica. This is a remedy depended upon by Hahnemann as an anti-psoric remedy of great power, and may be administered when the symptoms indicate its use.

The well known effect of these remedies over suppurating tissues, and from the foregoing pathological states and the causes of the disease, would point to their use. If the miliary tubercles are the result of a low grade of inflammatory action, and start from a pus-globule—as the pathology would teach us—then these remedies that exert so favorable an influence over pus-generating tissues, would effect a cure under favorable circumstances, especially if prescribed early.

Let us suggest a new remedy—the *Silicate of Lime.* (See next number for a full report of this remedy.)

Sanguinaria Canadensis is another good remedy.

The inhalation, by means of the atomizer, of Iodine, Kali, Iodatus, Bromine, *Carbolic* Acid, or Benzoate of Soda, will produce good results; and if the treatment is commenced at an early day may result in a permanent cure.

The inhalation of the vapor of tar which has been put on a warm brick, in the bed-room, is also good, and should not be omitted, especially if the patient does not have the advantage of inhaling the atmosphere laden with the aroma of the pine forest.

Avoid acids in food as much as possible. *Encourage nutrition*, and have the patient take daily exercise in the open air. This plan seems most rational and best promises relief.

THE ORGANON—SECTION 153.

BY P. P. WELLS, M. D., BROOKLYN, N. Y.

In Sect. 18 of this much neglected book, we read "that the totality of the symptoms is the sole indication for the selection of remedies." This is true if we understand that in this totality are contained the symptoms which control the choice. It is not true if by this be meant that all the symptoms in this totality are of equal authority in their control of this choice. That this is not what the author intended to teach, is made quite plain by Sect. 153, which may be taken as a commentary on Sect. 18. In this Sect. 153, he says: "In searching after the specific remedy *** we ought to be particularly and almost exclusively attentive to the symptoms that are *striking*, *singular*, *extraordinary* and *peculiar* (characteristic) *for it is to these latter that similar symptoms, from those created by medicine, ought to correspond*, in order to constitute it the remedy most suitable to the cure. On the other hand, the more vague and general symptoms *** merit but little attention, because almost all diseases and medicines produce something in general.

Now, in seeking for the specific remedy for a given case of sickness according to the Homœopathic method, a right understanding of Sections 18 and 153 is indispensable, if mistake and failure are to be avoided. To find all the symptoms of

the case to be treated, in a single remedy, is often impossible, for the reason they are not in the record of any one, so to seek for them will often be only labor lost. Natural diseases are not gotten up in patterns exactly adapted to those recorded as the result of the action of ingested drugs. The "like" which cures does not necessarily consist in this resemblance in its *entirety*. When this does obtain and can be found, the cure is for this reason the more certainly assured. But if cures were limited to such cases the practical value of the Homœopathic law would be reduced far below its true standard.

How then are we to reconcile these two sections when we accept them as practical guides? The one requires the *totality* of the symptoms, the other, those most *striking*, etc. The one seems to demand the *whole*, the other but a *part*. We answer, Sect. 18 teaches simply this, that we have no other guides to the selection of curatives than the symptoms of the case to be cured. Its chief intent is to exclude from this selection all abstract notions and hypotheses of whatever name. This was the more needed at the time this paragraph was written, for the reason that these then constituted almost the entire furnishing of the then current school of medical practice. It is still needed for the reason that the old-time poverty in practical resources is still prevalent, as is the old endeavor to conceal this fact by pretences to knowledge of that which only exists in the imagination—which pretences are not more respectable because presented

in terms which time and teaching have incorporated into current medical thought and practice.

"The symptoms *alone* the guide!" says the objector. That is just what this paragraph is intended to teach, and not that every symptom of a case is to be found in the record of its curative before it can be accepted as such. "Then," continues the objector (old school), "you treat only symptoms, and not *diseases* at all." This has been cast at the Homœopathic school as a reproach, from the beginning, and with as much of boldness and arrogance as if its opponents had really something else to treat. "We treat diseases." Indeed! What are these but names, often arbitrary and without significance, of which nothing is or can be known, except through manifestations to the patient or physician, which we call symptoms? Aside from these, diseases are, as to all knowledge of them, but abstract ideas of things unknown, and except through these manifestations, unknowable, as objects of curative endeavor. The old school pretence, that it treats diseases as something distinct from these, resolves itself into the very empty abstractions and hypotheses which this eighteenth section was intended to antagonize.

But if the symptoms are the only guides to the selection of the curative remedy, what becomes of the vaunted pathology of which we hear so much, and so often, from those who are slightly informed as to its nature, place or importance in our practical duties. To guard against the *wrong use* of this valuable science, was another occasion for

giving us this eighteenth section. To put it as a teacher in the selection of curatives, to the exclusion of the symptoms from that function, is to put it where it has no place in a rational system of healing; certainly none under the control of a natural law, which discloses the curative relationship as existing in the similarity between the symptoms of the drug and the disease. Where, then, is the practical use of this so highly prized science of pathology? In the duty of prescribing for the sick, its use is limited to aiding a right understanding of the nature and value of the symptoms revealed in the case in hand. Beyond this it has no function in the process of prescribing.

Pathology, to illustrate, teaches a difference between inflammations and neuralgias. Both are attended by pains of the severest kind; but this science teaches that these have a different significance and often different importance, as the case in hand belongs to one class or the other. A knowledge of the science of pathology will enable us to relegate our case to its proper class, and there its function ceases. It cannot go beyond this; and having decided the case a neuralgia, say the remedy is Aconite or Bell., or Bry., or Colocyn., or Hyosc., or Lach., or Merc., or Nux., or Puls., or Rhus, or Spig., or either of the other many remedies which a given case may demand for its cure under the law. To attempt to give to this science this decision is to impose on it a function wholly out of the sphere of its legitimate use. This is guarded against by the wise direction of the eighteenth section.

The one hundred and fifty-third section of the *Organon*, if taken as a commentary on the eighteenth, plainly indicates the above as the true intent of the author of that section. The direction to have in our search for the specific curative, chief reference to those symptoms which are *striking, extraordinary and peculiar*, paying but slight regard comparatively, to those more common and general, confirms this perfectly.

But how shall we understand the terms of the commentary? What by the words, *striking, extraordinary*, etc.? Our first remark in our endeavor to get at the true meaning of these is, that by the "*most striking*," the author can not mean that symptom which first and most forcibly seizes the attention of the physician, the patient and his friends. To make this apparent take a case of dysentery. That which first arrests and holds the attention of all, is the pain and tenesmus. But these are so general that they belong to all cases of this disease, and therefore by this fact are relegated to that category of symptoms which the author assures "merits little attention." Without these no case is dysentery. It is evident, then, the author does not use the word in this sense. Its selection seems less felicitous than is common with him, and has led often to a wrong conclusion as to the importance of these general, or defining symptoms, in the search for specific remedies according to the requirements of the practical medicine he taught. That that is the most "striking" which is the most painful and intrusive on the attention, has been the

understanding of this direction, and this has led to giving to these general symptoms just the consideration which the author tells us they do not merit. His real meaning is better expressed by the last term employed to indicate the class of symptoms to be chiefly regarded in our search.

"Peculiar." This is it. But what does he mean by the word here? Evidently that we are to give chief attention to symptoms which are "peculiar" to the case in hand. Not necessarily to those which cause the patient most suffering. That which is peculiar to the case characterizes it as a member of a family. The general, or defining symptoms, declare the family to which this member belongs. Then it is the peculiar, or specific symptoms, which are our chief guides, in our discovery of the specific cure of the case. But it may be asked, is not that peculiar to a disease which is found in each example of it? In a certain sense it is; but not in that in which it is used here. If this were so, then in a case of dysentery, for example, we should have, under this direction, only to notice the pain, tenesmus, and the other defining symptoms which belong to this and all other cases of the class, and find in the similar of these the curative under the law. We have all tried this and have been disappointed in our expectations of the cure we supposed the law promised as the result of this proceeding.

The disappointment came from our misunderstanding of the requirements of the law. It will come in every case so treated. Success can follow

only in those where the remedy chosen happened to have in its record, with those defining symptoms, those other and less obtrusive ones which individualize the case, and in which curative relationship between drugs and diseases alone resides. If the cure follows in cases so treated, in the prompt and pleasant manner a right compliance with the demands of the law assures, it is because the practitioner has been guilty of a fortunate blunder.

This will be sufficiently plain if we remember that *Homœopathic* prescribing is *specific* prescribing. That is, finding and giving to the sick the one specific medicine the cure of his case requires under the law. Homœopathy presumes the existence of such a remedy in every case of sickness. It imposes on the physician the duty of finding it. If in any case, as may well happen, either from poverty of our resources, or from lack of knowledge, the one remedy can not be found—*i. e.*, a remedy which in its known effects on the organism are found the symptoms which constitute it the specific in the case, by virtue of the required similarity—then that must be selected which has the greater similarity to the elements of the diseased manifestation than any other. This resort to that which is less perfect, because of the above necessity, is no argument against the right of the presumption of the existence of that which is perfect; *i. e.*, some drug in which is the power to produce symptoms with the required resemblance to constitute it the required specific. This drug may not yet have been proved, or if proved, not known to

the physician; and hence the necessity of this resort to that which is less than perfect. Neither does the fact that this resort is followed at times by a cure —which though less prompt and complete than that from a specific remedy, is nevertheless ultimately a *cure*— excuse the prescriber from the utmost endeavor to find that which is perfect. This is ever to be the one object of his life work, to find the *one* specific; failing in this endeavor is failing in the first and most important of his duties. Success in this is that which gives brightest joy to the life of the physician. The fruits of this success are the glories which crown the immortal discoverer of specific prescribing, which when he had found, he called *Homœopathy*.

That the above view of the one hundred and fifty-third section, which refers defining symptoms to a subordinate importance, in the search for the specific remedy, is the true one, may be seen still more clearly, if we attempt a prescription based on these as a chief guide. The impracticability of this will appear if, when we accept these as our guides, we remember that one remedy is the only specific for our case, and this, that it may be such it must be in its effects on the organism that which is most like those defining symptoms of our case. The case is dysentery, the defining symptoms of which are— *frequent discharges from the rectum of blood or mucus or both, with colic pains, tenesmus and fever.* Now there are, as to the first of these, a multitude of cases met with in practice, the discharges of which are so much alike, and so like those recorded

as having resulted from the action of a multitude of remedies on the organism, that no man can tell from these, in a given case, which of this multitude in this particular, is more like the case in hand than the others, and therefore is for this case, its specific cure. The discharges are small, of mucus mixed with blood, and here is all they have to tell in very many cases, and the records of the effects of many drugs tell the same story so exactly that no man can tell which of them has most resemblance to that of the case in hand. The same is true of the pains. From these alone no man can tell whether they are more like those which have resulted from one or the other of the many drugs from which we have to choose in treating our case, and therefore we can not tell whether one or the other is most like the pain in the case for which he is seeking a remedy. This he may feel sure of, that that which he seeks is one of the many, but which of these? To answer this question on a better foundation than a guess, will necessitate a reference to other elements of the case, and these belong evidently to that other class of symptoms which this one hundred and fifty-third section commends to our chief attention —those which are the specifics of the case. These remarks are equally applicable to the other defining symptoms—the tenesmus and fever.

We have said Homœopathy is specific prescribing. Its practice is ever and only a successive finding of the one specific remedy for each succeeding case as it becomes a subject for treatment. This being found it needs no second for its aid in the

cure. If otherwise, then it fails to fulfill its office of a specific, and this is proof sufficient that in this case, at least, the prescriber has failed in his duty as a Homœopathic physician. He has not found the true specific for his case, which, as a representative of this school he was bound to do, and failing in which, so far as this case is concerned, he *quo ad hoc*, ceases to represent that school. If it be true that there are such specifics for the cure of the sick, and that the finding of them is possible, under the guidance of the two sections of the *Organon* we have been discussing, then the superfluity, to say the least, of all so called adjuvants is demonstrated, whether these be of external or internal application. But we may go further, and as no man can tell beforehand how this so called adjuvant is or is not to modify the action of the specific remedy, that while it is in all cases needless, in many it must by such modifications become positively injurious. This view, it will be seen, effectually disposes of the liberty which has of late, so often and so earnestly, claimed to do as one pleases in the discharge of his practical duties, in this matter of adjuvants, and in all others at variance with the teaching of the two sections we have been considering. If one claims this liberty, and acts upon it in his clinical duties, to the prejudice of the action of the specific remedy selected, then there is another liberty, which, by so doing, he deprives himself of—the liberty to call himself afterward a Homœopathic physician.

The view of practical law and duty which we have been presenting, if admitted as authoritative,

will also dispose of another fashion of practice (we can not regard it as aught but a fashion), that of prescribing at the same time two or more remedies to be given in alternation, at definite intervals of time, in the absence of all knowledge of what will be the condition of the patient at the lapse of either of these intervals, and therefore not knowing whether either of the given remedies will or will not be a specific for his case at the time it is directed to be given. If either of the prescribed remedies be the specific for the case in hand the other cannot be. The idea of a specific for a given case, made such by the law of similars, excludes the possibility of a second in the same case, as it is impossible that each of the two can be "*most like.*" One or neither of the two may be, but both cannot. That which is not is at least useless, often mischievous, and never Homœopathic, if to be this it is indispensable that each prescribed medicine shall be that which in its ascertained action on the living organism presents the most perfect likeness to the phenomena of the disease to be cured.—*Homœopathic Physician.*

Department of Electrology & Neurology.

J. T. KENT, M. D., Editor.

ASPERMATISM.

A condition no less troublesome than true impotence, both to patient and physician, is that in which the individual fails to ejaculate semen in coition.

Such a condition may be brought about by solitary vice or injury of the genitalia. Injury to the testes or epididymes, or inflammatory occlusion of the seminal passages may bring about this state. This obliteration of vesicles and efferent canals is more likely to occur in the testes and epididymes than any other part of the route, from the testis to the meatis urinaris. The disease is not uncommonly caused by a paralysis of the muscular wavule which is the propelling motor of ejaculation, and the semen is permitted to enter the bladder. Bilateral cryptorchism, congenital absence of the efferent canals, as well as inflammatory occlusions are causes worthy of consideration.

Hypertrophy of the prostrate gland and urethral stricture are often productive of this defect.

A not uncommon physical state may appear in which a patient ejaculates during an erotic dream and he is not able to pass semen during normal coition or normal pollution. This may show the impairment of spinal reflexes produced by solitary vice

and also the presence of cerebral command which is later interfered with in neuro-sexual physiology. Demarquay and Dumenez report cases of traumatic origin in which the penis remained dry after coition, nevertheless the patient experienced the sensation produced by emission. Aspermatism has followed injuries of the perineum and bilateral lithotomy when the ejaculatory ducts have undergone traumatic changes by cicatrization.

The physical changes observed and the inability to reproduce the species are not the worst features of aspermatism; but a troublesome condition awaits the observer. The mind is most likely to undergo a great change, even as great as from true impotence. When aspermatism is the result of solitary vice, the tendency is still more toward mental disorder. Melancholy, drunkenness and suicide are likely to follow an incurable case. When the cause has been traumatic, there is no prospect of cure, but when masturbation has been the exciting cause, there is some prospect of relief. To restore the spinal reflexes is the object to be accomplished.

The galvanic and faradic currents are nearly always called for in connection with the proper constitutional remedies:

Sep., sulph., cal., lyc., nux., sec., phos., ac., sil., and proper advice.

CLINICAL CASES OF THE HOMŒOPATHIC MEDICAL COLLEGE OF MISSOURI.

SERVICE OF J. TYLER KENT, M. D.

[Reported by E. B. Thomas, Student.]

Case 1. Nov. 21st; Mrs. M. W., aged 45 years; large, fleshy; weighs probably 180 pounds; face red, skin flaccid, abdomen very large; good natured, happy; has had epilepsy over twelve years; attacks generally come on at night; has had a few in the morning; has vertigo after dark and under artificial light; sees mice and small animals running out of corners; turning quickly sometimes sees a dog or other animal; is not afraid; has no fears; bites her tongue and froths at the mouth in her fits; sleeps after the fit; never comes to until waking from sleep, which lasts from one hour to one hour and a half; fits commence with her making a grunting noise and turning and jerking towards the right side; loses all consciousness during the attacks; if attacks come on while in bed, don't bite her tongue, but froths at the mouth the same; if on her left side when fit comes on in bed, turns over to the right, in the paroxysm. Has been treated a number of years for this trouble without any permanent result, the attacks ranging in frequency from three a week to three in a day. There were no head symptoms; her eyes were normal, and with the exception

of a slightly coated tongue and light ringing in the ears, she appeared well. There was a general fullness of the stomach, and a tight feeling which compelled her to open her dress from the misery and in order to get breath. There was also soreness of the abdomen from spine of ilium down groin to pubes and inside of thigh, with a sensation as if uterus was pressing on the bladder, which compelled to frequent micturation, with a pressure as if the uterus would protrude. There was itching of vulva before monthlies, with smarting on being scratched, relieved only by cold application. The aching commences in abdomen and goes down the thighs, with cramping of the calves of the legs. Her menses are generally regular but have stopped for the last three months; discharges dark and stringy, shreds four inches long, and continue about a week.

She was put on *sul.*

January 17th. Has had but one paroxysm since, in which she remained conscious all the time. No facial jerking and only slight twitching of the hands. She fell backward and cried for her husband to catch her; was helpless one hour; not able to speak, but conscious all the time, and knew all that had transpired. The fit came during menses, in the day time, while sewing; was never able to speak before while fit was coming on. Menses profuse, bright red and irritation of parts all gone. *Sul.* 7th continued.

February 7th. Has had no fit since. *Sul.* 200.

MIND, MATTER AND MEMORY.

BY WM. JONES, M. D., NEWBURG, N. Y.

What to my mind may seem full of truth and interest, may to others appear insipid and absurd, for "belief is involuntary—we believe because we must;" and for me to say mind acts upon matter, as I am about to explain, may seem to many the greatest absurdity. Yet I believe it does, and at the same time explains why memory is so retentive. But *just how* mind and matter meet and harmonize with each other in the brain, is as profound as God.

The powers of the human mind were never intended to be equal to those of the great Jehovah's. There is a limit to human genius and its mental penetration. We can observe and admire many of the mysterious attributes of the mind, but *what it is* must be left with the Almighty to solve. Yet, I hope I may be pardoned for saying I believe mind is neither an inherent principle of matter, nor the result of organization. And I believe it to be one of the human faculties God has seen proper to unite inseparably to the soul, and it will continue to exist with it to all eternity.

If mind was an essential constituent principle of organization of animal life, any power that would destroy animal life would as surely destroy the soul and the mind at the same time. Though the mind may be dependent on the brain for its manifestations and exercise of its intellectual faculties, yet

it seems to me that every thoughtful person must admit that it does not get its existence from the brain, or any physical structure or organization. If it does not, then these faculties are *peculiar properties*, *qualities*, and *powers* of the mind, brought into action from sensations and impressions conveyed to the nerve-molecules, and registered by them upon the brain. For example, the mind observes a color, which by the aid of the eye is conveyed to the brain. By the transmission the nerve-molecules of the brain are set in motion, and they immediately *photograph* (register) that color upon the brain, which is held in reserve for future use. Every time the mind is referred to, or observes that color, it excites the brain, as it were, to *photograph* or print a picture of that color from the negative, for the mind to view and enjoy in all of its varied beauties. In the same way the mind receives or hears a sound and through the aid of the ear that sound is conveyed to and registered or negatived upon the brain; and every time the mind is referred to, or hears that sound, the brain *telephones* that sound for the mind to utilize and enjoy.

In the same manner the brain and mind receive and utilize all of the varied sensations and impressions that may be transmitted through their respective organs of conveyance, to be registered or *photographed* upon the brain, to be used as the mind requires. This principle of registering or *photographing* objects and impressions upon the brain is what explains the theory of memory. The mind utilizes these negatives as does the *photographer*.

Whenever the mind is required to perform any work, it calls upon the brain to furnish ideas (print pictures) from the negatives it has caused to be registered upon the brain, relative to the information that may be required of it; and as the *photographer* must depend upon the purity of the chemicals he uses, as well as his skill in manipulating them, and the light he has at command for the perfection and beauty of his work, so does the mind depend upon the health, quality, and activity of the nerve-molecules of the brain for the perfection of the ideas—pictures—that are furnished it, from which it gets the information it wishes to impart.

In persons of advanced age, the nerve-molecules or chemicals of the brain are not as active, from a deficiency of nerve energy; consequently the brain does not *photograph* as good and perfect negatives, nor are they as durable as those that were negatived upon the brain in early life; consequently the brain does not print as perfect pictures; and this explains why we observe the failing memory of passing events in persons of advanced years, while those circumstances that occurred in their early and youthful years are vividly and distinctly remembered. If the above principles are founded in truth, we have, it seems to me, a clue to the cause of insanity, and an explanation of the cause of some of the strange and singular symptoms that are manifested in many cases of this peculiar nervous disease. Whatever may be the cause that produces a nerve-lesion of the brain or the nerve-molecules, will most certainly interfere with their natural functions, and with their

powers to form correct and perfect negatives from the impressions that may be presented to the brain by the respective organs of conveyance; and as the negatives are imperfect, the pictures printed from them will be imperfect, distorted—false presentations for the mind to form its reasoning and judgment from. And as these pictures are the only source through which the mind receives its information, it is reasonable to suppose, if the source is diseased, the effort of the mind—although healthy itself—will appear crazy.

The mind would be and appear all right but for the fact that the diseased brain is continually *photographing* false pictures and information, which plays the mischief with its reason and judgment. Judgment becomes almost completely and sometimes utterly dethroned, because the mind is deprived of its natural powers of comparison.—*Medical Tribune.*

THE STUDY OF SPECIAL NERVE CENTRES.

BY JOHN J. CALDWELL, M. D., BALTIMORE, M. D.

Science is the summary of facts; it is therefore the rule of art. To act intelligently we must understand the principles which underlie the purpose we seek to accomplish. Theories are neces-

sary because they are the expression of facts; they not only afford foundation for present action, but a basis for future investigation. Theories are useful, although we may be unable to demonstrate their truth; thus, the atomic theory of the constitution of matter forms the basis of the physical science of the present day, although an atom of matter has never yet been isolated. The existence of molecules is deduced as a corollary from the atomic theory. The same remarks apply to the wave theory of light, which serves to explain the phenomena of optics; yet, the existence of an elastic ether, whose motion results in the manifestation of vision is, simply a deduction from observed phenomena.

Physiological facts form as correct a basis for theory as anatomical facts. Thus we are as justified in declaring a certain distribution of nerves to exist from a physiological fact, as if we could trace the fibre, scalpel in hand and microscope to eye. Thus was the excito-motory system of nerves delineated. By a process of speculation and verification by experiment, we establish the existence of nerve centres, which preside over special functions. The speculations of Galt, Spurzheira and Lavautier were of this nature, when they proposed to delineate character by the existence of a particular cerebral conformation, or organs, which, at this time, we would call cerebral centres, or by the existence of certain lines of expression of the human organism. The volume is before us; we used a commentator. Speculative philosophy has been

superseded; it has, however, performed a grand role in the history of science. In fact, it was the parent of the philosophy of the present day. The speculative theories of Leweippus, Democritus and Epicureus, form the basis of the philosophy of the nineteenth century; for not only is the atomic theory the philosophy of chemistry, but also the corner stone of the philosophy of life. The Cartesian philosophy fell before the "Essay on the Human Understanding." But Locke's reign was of short duration; for the views of Descartes are again received as the basis of material science.

In medicine, as a science, we must recognize the fact that function depends upon organization, and that the phenomena of life depends upon the correllation of the different organs which make up the complex structure of the human economy. The sick man no longer repairs to the shrine of his patron Saint, but seeks the advice of the learned and skillful physician. John Tyndall tersely says. "Thought has its correlative in the physics of the brain." So have other functions their correlatives in the physics of the spinal marrow and sympathetic centres—all beautifully harmonized by structure, and operated by force. Tyndall's opinion is the result of phenomena which showed thought to be connected with the brain; that derangement of brain structure was accompanied by perversion of intelligence, or the loss of intellect. So general a conclusion may satisfy the scientific materialist, but not the physiologist, whose office it is to discover facts and propound theories which shall be a guide to practice.

When practice of medicine ceases to be guided by science, it degenerates into empiricism. Physiologists have shown that thought is not alone dependent upon the physics of the brain, but that the brain is only a part of the structure necessary to intelligence. Thus the spinal marrow and sympathetic system, and the nerves of special senses are all elements in the structure of the apparatus concerned in intelligence. Man would be but an indifferent animal deprived of the power of speech.

In truth, the harmony of action and inter-dependence of every part of the human organism is wonderful. The anatomist and physiologist have furnished us the reason of this harmony, by demonstrating anatomical connections, in part shown to the eye, and partly by the deductions derived from experiments and pathological phenomena. The intricacies of these relations, and the special functions of each nervous organ, when unraveled and demonstrated, will constitute the physiology of the nervous system.

The association of different parts of the economy is strikingly shown by the anatomical distribution and functions of the pneumogastric — so aptly termed the "vagus" nerve. I have elsewhere termed it the grand life nerve, the great mainspring of vitality, through whose broad distribution to, and complex relations with, numerous structures, our very being is perpetuated. Some have styled it the regulating medium between parts of the human economy. Its infinite ramifications and distributions serve to bring into harmonious relation parts

which otherwise would be isolated, as well as to convey power or force to so many organs, to contribute to the healthy performance of their functions.

Yet, the pneumogastric nerve constitutes but a single organ, whose office is to provide force to work the complex structure to which it is distributed. "Force" is but motion; this motion originates in the pneumogastric nerve center. When we reflect that this nerve is distributed to so many organs whose functions vary — secretory, excretory, physical, physiological—we are brought to the conclusion that the branches of this nerve are only carriers to and from a centre which affords the power, the force or motion.

That different nerves perform special functions is evident from the regularity with which they are distributed. Singular distribution of arteries is unimportant, because all carry the kind of blood; nor does it matter what veins returns the blood to the heart and lungs; hence irregularity of the circulatory apparatus is not unusual. On the other hand, the loss of a nerve would entail the loss of a faculty, because it would entail the loss of connection with a centre of force essential to the function of the organ to which it should have been distributed. Nerve power is, then, but a peculiar kind of force or motion; and different nerve centres originate different kinds of motion, manifested by different phenomena—alike the different kinds of motion to which we give the name of heat, light, electricity—like the phenomena of sight, hearing, taste, smell, which are the result of different kinds of motion.

A learned lecturer at the Peabody Institute, Balmore, (Prof. Jeffreys, of Boston), in discussing color blindness, said that the eye contains different parts adapted to different colors; that there are two properties in the eye—one, the power to distinguish form; the other, of distinguishing color. But the eye does not form the color; it simply transmits. In fact, we feel, hear and see with the brain, or certain cerebral centres of nerve power. Many color-blind persons may be educated to distinguish colors. As white light is the result of motion, so are the prismatic color. If the eye, or any part of the optic apparatus, be unable to transmit green motion, the individual will be green blind, or the optic centres may be at fault.

Anatomy, physiology,and pathology combine to show that there are certain nerve centres, or centres of force, which preside over, so to speak, certain functions. Thus we have double and triple sets of nerves given to one organ; intricate connections are formed among nerves, distribution of different kinds of nerve matter; and, finally, peculiarity of arrangement. Whence the necessity of double and triple sets of nerves, if all convey the same power from a common source? Whence the use of diversity of nerve tissue, and arrangement into ganglia and the like, if there is no difference in the kind of power generated and transmitted? The fact that sensory and motor nerves exist, has long been recognized; the experiments of Ludwig are regarded as establishing the existence of secretory nerves—I should prefer to say of nerve centres which furnish the "force"

to set in motion the secretory organs. Galt noticed that irritation of a nerve increases the *secretion of sweat*. But it appears that there are certain sweat centers in the spinal cord. Luechsinger locates sweat centres in the spinal cord of the lumbar and lower part of the dorsal regions. Physical acts, as fear, produce sweating; heat is another agent which causes sweating, and, lastly, certain medicinal agents increase the secretion. Thus, according to Luechsinger and Nawrocki, a dose of pilocarpin causes the feet to sweat. The former believes that the drug acts centrally in addition to its peripheral action; according to some, sweating follows an irritation in a reflex manner. The investigations of Prof. Isaac Ott, M. D., on this subject are highly important; he concludes, "that sweat centres, like the vaso-motor centres, are situated throughout the cord and medulla oblongata; for when the latter is irritated, an abundant secretion of sweat occurs in all the extremities." It appears that certain agents serve to check sweating, which act upon the inhibitory mechanism, the centres of which are supposed to lie in the medulla oblongata. Thus is the opinion strengthened that certain functions are presided over by particular nerve centres, and, by reference to physiological facts, their location is approximately determined.

That *dilatation of blood vessels* is due to the influence of certain nerves, is the opinion of many physiologists; and, further, that these nerves rise from particular centres in the spinal cord, called vaso-dilator centres. Heat is supposed to act directly on the vaso-dilators.

Thus we have sensory, motor, vaso-motor, vaso-dilator, sweat centres and inhibitory centres. In addition we have vagino-spinal, ano-spinal, and vesico-spinal centres, which preside over the special functions of these organs.

Let us turn to the brain. "Thought has its correlative in the physics of the brain." The typography of the brain exhibits diversity of appearance —convolutions, ventricles, eminences, commissures, connecting the two brains; nervous tracks and vascular supply. Its molecular structure varies into gray matter and medullary matter. It is connected or joined to the spinal cord—as it were, prolonged *into* the spinal cavity. Not unnaturally the ancient sages, from Galen to the period of Sir Charles Bell—the father of nervous physiology—maintained that the brain presides over the body through the spinal marrow and deserves, by means of fluid transmitted by tubular nerves. Through this agency all the phenomena of life are carried on. The presidency of the brain as a co-ordinate branch of the animal government, must be admitted, but we must become more intimately acquainted with its executive powers and its limitations. Its control over many spinal functions is apparent, and this has been termed "inhibitory." This power we are justified in referring to "inhibitory" cerebral centres. The power of exciting into action spinal centres is manifested by the effect of amorous thoughts, which may be direct and reflex; the effects of the emotions of fear, anger, despondency and the like, on the spinal nerve centres is recognized by all. Fear

may cause increase of action of sweats centres and of those which preside over the sphincters, causing them to relax. On the other hand, it may diminish or alter secretions, as of the salivary and mammary glands, all of which we are authorized to refer to their connection with certain cerebral centers. Pathology has shown that the faculty of speech is connected with the integrity of certain convolutions of the cerebral nerve-centres, which preside over the function of speech, affording the "power" or "force" which sets in action the physical vocal apparatus.

The wonderful faculty of memory, "the warden of the brain," is intimately connected with the faculty of speech. This faculty is set in action by being excited centrally, and by reflex action, and is doubtless dependent upon particular nerve centres. The loss of memory from disease of the brain, pressure, accident, and the like, is familiar to every one. The relation between memory and speech is illustrated by the curious inversion of letters in certain words. A medical friend related to me an example of the result of cerebral apoplexy in which the person always said "*was*" for "*saw*," and the converse, and gave other examples not at present remembered. The effect of alcoholic drinks in stimulating memory and exciting speech, is familiar to most persons. In large quantities it obtunds this faculty.

Memory excites speech; here the action is central. Speech excites memory; here the action is reflex. Caution is inhibitory of speech, *i. e.*, inhibitory

brain centres control speech. Our special senses — sight, hearing, smell, taste, touch — must be referred to special centres; in fact, we hear, smell, taste, and feel with the brain centres of these senses. Sonorous bodies cause motion; the effect is sound. Luminous bodies cause motion; the effect is light. A blow on the eye causes a flash of light. Touch excites motion, and we feel. Sapid bodies excite motion, odoriferous particles excite motion, and we taste and smell. Color-blindness is similar to anæsthesia; odoriferous particles cannot be recognized by all persons; mignonette, so delightful to some, is odorless to others. The same remark applies to taste—nothing so capricious as taste.

A curious faculty of the mind is that of pondering a proposition, by the exercise of which faculty, that which is obscure and perplexing, becomes luminous and explicable. The different powers which constitute the mind are brought into play; we say the various faculties of the mind to bear—a correct expression, if by faculties we means cerebral organs or centres of power. It likely shows the intimate relation and anatomical connection of them all, which we call correlation.

Dr. Ott has performed some interesting experiments showing the effect of certain agents in causing retrograde movements in pigeons. These were caused by the action of cold on the skin on the back of the neck; the movements alternated with fits of stupor, hypnotism, etc. When bi-sulphide of carbon is applied, birds run forward, but suddenly commence to run backwards, and against

the will, as they seek to overcome the tendency. Irritation of the nerves of the skin on the back of the neck caused similar retrograde movements, followed by a period of quietude. These phenomena he regards as reflex in their nature. Here the mechanical irritation of the sensory nerves is reflected on the central nervous system, causing it to involve the phenomena under consideration.

These phenomena occurred after the destruction of the cerebrum. He says when the cerebrum is destroyed, the nervous system of the bird is a mere automaton, played upon by appropriate external agents. These phenomena are attributed to effects on the ganglia or nerve centres at the base of the encephalon. The forward movement was due to cerebral activity—special functions presided over by special nerve centres. The phenomena of hypnotism are caused by ganglia at the base of the brain, inhibiting the "*will.*" In cats and rabbits, the application of bi-sulphide of carbon to the skin on the back of the neck caused them to run forward and leap into the air.

The above experiments not only show the existence of special nerve centres, endowed with peculiar functions; but also that certain agents have the power to act on special nerve centres. This is important in a therapeutical point of view, for having determined the existence of centres of special function, and agents of specific action, we have a basis for the practice of medicine. Thus is science shown to be a guide to practice—the rule of art.

Pathology and therapeutics combined to strengthen the view in regard to specific nerves centres endowed with specific powers. The terrible syphilitic headache disappears on the administration of iodide of potassium. The relation of lesions of the cord, or of certain spinal nerves to epilepsy, has been pointed out by Brown Sequard (an epileptogenic zone). Others place the pathology in the medulla oblongata. All are searching for particular nerve centres. Many cases are cured by bromide of potassium, which acts upon the central nervous system, diminishing motor power and sensory perception. Tetanus is a motor spinal neurosis. Strychnine acts upon motor functions, increasing their sensibility. Hydrophobia is a cerebro-spinal neurosis—a toxic neurosis. Woorara kills by paralyzing the motor nerves concerned in respiratory movements. Gelsemina paralizes the respiratory centres. Secretion is presided over by certain nerve centres. Atropia causes dryness of the throat by paralizing secretory nerves, which can be restored by calabar bean. Jaborandi increases the salivary secretory, and acts also on sweat centres. The cerebellum is thought to be the co-ordinating centre of voluntary movement. Alcohol affects the cerebellum and produces want of co-ordination.

It is useless, however, to add to the number of pathological and therapeutical illustrations of specific nerve centres controling special functions of the animal organism.— *Va. Med. Monthly.*

DEPARTMENT OF SURGERY,

J. W. THRASHER, M. D., Editor.

HEMORRHOIDS.

There is a great deal said by way of advertising and newspaper puffs now-a-days about the painless treatment of Hemorrhoids, cures guaranteed without pain, ligature, caustics, or knife. Suffering humanity only find rest from pain by applying to a pile doctor who possesses the only original and sure pile remedy. This great cure was not secured in the ordinary way of study and a knowledge of medicinal agents, but was handed down from generation to generation and to the first possessor the recipe was given by the Gods, or some old woman that arrested hemorrhage by charms, etc. It has been wisely said, "that there is nothing new under the sun." And how it is that men who have never spent a month in the study of medicine should come forward in the face of the whole medical world and claim to have found something that never had a logding place in a scientific brain before, is gigantic on the part of the pretender, and only proves the assertion that people love to be humbugged. There are no objections to a doctor making a specialty of any disease, providing he does not do it in an irregular and ignorant way. What a physician develops by study and experiment should be the prop-

erty of the whole profession, whenever he fails to publish whatever he may have found out to relieve suffering humanity of its pain, and confines it to his own cranium and heralds his cure abroad, he becomes a charlatan and quack to the fullest extent of the word. Physicians should endeavor to treat their own patients and prevent them running after the so-called pile doctor, and if he does no better than the pretender, he will save his patient's pocket book a good purging at any rate. The hypodermic injection of carbolic acid or ergot into the tumor has given good satisfaction in hemorrhoids. Dr. J. T. Kent speaks highly of the following, having made some excellent cures with it, iodized phenol which is as follows:

℞ Iodine, - - - - - - 3j
Carbolic acid, - - - - - 3iij
Mix in mortar and use by hypodermic syringe.

I find an article written by the same gentleman in the May number, 1879, of the *American Medical Journal* on the painless treatment of hemorrhoids in which he recommends the ether spray, which is something new so far as we know, not having seen it spoken of elsewhere. It relieves sensibility of the parts and allows the surgeon to manipulate with ease and apply any treatment he chooses. Lately for the extreme irritation which sometimes attends this kind of disease I use Kent's anal applicator, which excels the spray or suppository or old anal plug. It is so arranged that the medicine can be put in and any quantity forced out with the

screw, thereby keeping the medicine to the parts as long as desired. A cut of the applicator may be seen in the January number of the COURIER.

The following is a recipe that has been considered a sure cure for hemorrhoids:

℞ Carbolic acid,
Olive oil,
Sulph. ether, *a a* - - - - 3ij
Iodoform, - - - - grs. x
M. Sec. Art. Inject by hypodermic syringe.*

Have treated successfully a number of cases with the following:

℞ Iodoform,
Ergotine,
Carbolic acid (crystals) *a a* - - 3j
Morphine, - - - - - grs. v
Olive oil, hot, - - - - - 3ss
M. Sec. Art. And use by hypodermic syringe.*

We have not attempted to state the cause, pathology or internal treatment of hemorrhoids as every reading and thinking physician is familiar with them all. We will be glad to receive the experience of any physician in the treatment of the above disease.

*NOTE.—Five drops is sufficient to inject at a time.

CLINICAL CASES OF THE HOMŒOPATHIC MEDICAL COLLEGE OF MISSOURI.

SERVICE OF J. W. THRASHER, M. D.

[Reported by E. B. Thomas, Student.]

Case 1. Miss J. W., aged 14 years; light hair, blue eyes, very intelligent and well developed. Three years ago an abcess formed in the left ear, attended by much suffering; later another formed in the right ear which intensified her misery and resulted in a chronic, purulent, offensive otorrhœa and deafness. The abcesses formed every month, were attended with severe pain and continued discharge, and the pain at times was so severe that opiates had to be given to induce sleep. She had been treated by her family physician and at two different college clinics and by a specialist. At the time of her first visit to us—Oct. 17—her right ear had ceased to discharge, but the left had become greatly aggravated. The ticking of a watch could not be heard except in contact with the external ear. She was given *sul.* 200th and was told to syringe the ear daily with warm water.

Her next visit was Oct. 25th; reports the discharge as somewhat less and thinks she hears a little better. *Sul.* 200 continued.

Nov. 1. Slight improvement. Placebo.

Nov. 29. Very much better, hearing positively improved; has had frontal headache running back

to occiput; discharge from ear hardly perceptible. *Sul.* 200, continued.

Dec. 6. Very much better; no discharge. Placebo.

Dec. 22. Hearing completely restored; no discharge, no pain. The ticking of a watch could be distinctly heard in both ears at a distance of eighteen inches. Placebo. Discharged.

Case 2. H. H. S., aged 70; strong, and remarkably preserved for his age. Two years ago met with an accident which injured the left leg, midway between the knee and ankle. Ulceration succeeded the inflammation and continued up to the present time, with alternate periods of improvement and aggravation, pain extending to the thigh; has hardly been free from pain since the accident; middle third of tibia very sensitive to touch and swollen; never had syphilis or been troubled with sores on any part of the body; never had any severe sickness before this; been treated by a number of physicians without any permanent result.—Silicea 200th, twice a day.

Dec. 15. Can bear some pressure on the parts without complaining; walks much better. Placebo.

Dec. 29. Has taken all the bandages from his leg; walks without limping and enjoys immunity from any kind of pain; inflammation all gone. Silicea, continued. He never came back again, but sent word that he was entirely recovered.

PROCEEDINGS.

THE NEBRASKA STATE HOMŒOPATHIC MEDICAL SOCIETY.

OMAHA, September 22, 1880.

This body met in the District Court House, President C. L. Hart, in the chair. Minutes of the last meeting read and approved.

There being three vacancies in the Board of Censors, the Chair appointed Drs. Wood, Walker and Dinsmoor, te fill the vacancies.

The names of Drs. P. F. Montgomery, of Council Bluffs; L. M. Giffin, of Fremont; W. B. Giffin, of Omaha; T. B. Righter, of Lincoln; J. M. Borghlenn, of Fremont; P. W. Poulson, of Council Bluffs, having been proposed for membership, they were referred to the Board of Censors, who reported favorably, and they were elected, unanimously.

Communications were then read from Dr. A. S. V. Mansfield, Secretary of Nebraska State Medical Society; B. L. Paine, M. D., and the credentials of Dr. W. G. Hall, of Missouri Institute of Homœopathy, which were ordered on file. Dr. Hall made a few pleasant remarks in response to the welcome extended him.

President Hart then delivered his address—On the necessity of Legislative action to regulate the practice of Medicine in this State—which was well received, and ordered placed on file.

The Treasurer's report was then read, and ordered on file.

Moved, by Dr. Dinsmoor, that a Committee of three

be appointed by the Chair, to act with the Legislative Committee of the Old and Eclectic Schools, and that they be instructed to labor to secure a separate Board of Health for the State.

Dr. Dinsmoor then amended the above so that it would read as follows: "That a Committee of five be appointed to act with the Legislative Committees of the Old and Eclectic Schools, and that they shall labor to secure a separate Board of Health for the State; but they shall first labor to secure equal representation upon a Board of Health, composed of six physicians," which was carried.

The Chair appointed the following: Drs. Hart, Paine, Dinsmoor, Wood, and T. Righter.

It was then moved that the Society proceed to the election of Officers for the ensuing year, which resulted as follows:

President—Dr. T. B. Righter, of Lincoln.

First Vice President—Dr. C. M. Dinsmoor, of Omaha.

Second Vice President—Dr. P. F. Montgomery, of Council Bluffs.

Secretary—Dr. W. B. Gifford, of Omaha.

Treasurer—Dr. O. S. Wood, of Omaha.

Drs. L. W. Giffin, of Fremont, L. Walker, of Seward, C. M. Dinsmoor, of Omaha, B. L. Paine, of Lincoln, and O. S. Wood, of Omaha, were elected Censors.

Dr. C. L. Hart was invited to deliver the address at the next annual meeting.

It was then moved that the Society adjourn to meet in the second week in May, 1881, and hold a joint session with the Northwestern Academy of Medicine, at Omaha.

W. B. GIFFORD, Sec.

Book Reviews.

INGERSOLL AND INGERSOLLISM. By G. W. Hughey, A. M., Pastor of Trinity Methodist Church of St. Louis, Mo. 100 pages octavo. Price, cloth, 50 cts; paper, 25 cts.

This is the best reply to the eloquent Illinois atheist that we have seen. The book is well written, the arguments logical and well presented. The author shows that Ingersoll is inconsistent with himself; and that while professing atheism, he is simply a skeptic. It is impossible for an intelligent mind to be a speculative atheist.

The book before us has but one weak point, and that is where the author attempts to harmonize the Mosaic account of the Creation, with the Nebular hypothesis.

Reverend Dr. Hall, of New York, has said: "The first thing the scientific Christian has to do, is to be sure that what he attempts to harmonize with Scripture is a fact, and not a mere hypothesis."

This corresponds with what the Scotch king Charles the First said to the officers of the first university established in Scotland: "Be sure that it is a fact, before you attempt to philosophize about it."

Prof. Nichol, late Astronomer Royal of Glasgow, Scotland, said that "All attempts to account for the origin of worlds were but a mere hypotheses. Let us cease to speculate about a cosmology, and learn that with the moon, so of the earth, or any physical history, it is delusive, vain and pretentious to attempt to penetrate to a beginning."

Dr. Hutton, the eminent geologist, of Edinburg, said after a long and careful study of geology: "In the economy of the world I can find no traces of a beginning, no prospect of an end."

There is a disposition in some men to indulge in sophistry thus, mathematics is an exact science, astronomy is

founded on mathematical calculations, *ergo* astronomy is an exact science; cosmology is founded on astronomy, consequently cosmology is an exact science; the nebular hypothesis is founded on cosmology, consequently it must be true, and if Scripture conflicts with the nebular hypothesis the Scripture is false.

The fact is that the nebular hypothesis, for it is but a hypothesis, is not the true or more rational hypothesis, as there are several very serious objections to it; the better theory is that merely alluded to by Sir William Herschell as "Sideral aggregations."

The Creator first called matter into existence in its first form, a highly attenuated gaseous form (Dr. Crooks fourth form of matter), and since then it has *progressively* accumulated, or aggregated, to form small bodies; these by attraction have increased in size, till worlds are formed.

But we must not get switched off on another branch of science.

Every physician should get a copy of this book, and read it carefully, physicians are liable to wander away in the gloomy regions of materialism and this little book will prove an excellent prophylactic. J. T. B.

How to see with a Microscope. By J. Edward Smith, M. D. ,Prof. of Histology and Miscroscopy in the Cleveland, Ohio Homœopathic Medical College, etc., etc. Published by Duncan Bro., Chicago, Ill. 400 pages octavo.

The publishers have done their work in a creditable manner, the typography and binding are in good style.

The first impression made upon the mind when we see a man with his hair or name parted in the middle, is like what we have when we see on vacant houses "room to let in upper story."

However this impression would not be confirmed by

reading the work before us, for taking it altogether it is a valuable production.

It has, however, several serious weaknesses. There is not care enough taken in the language of the author, it exhibits a careless disregard to the rules of philology. The sentences in many cases are involved and obscure, and there is a flippancy or disregard of elegance of expression, as such expressions as: "We say amen to that," "Pass muster," "Selah," "In the wind," and other cant phrases that might be allowable in a newspaper or magazine writer, but are out of place in an author of a scientific text-book.

The book is more adapted to those who have had some experience in microscopy than to beginners.

There are nearly seventy five pages taken up with the description of different kinds of microscope, that might as well have been omitted.

But notwithstanding these failings the work is a valuable one and the author's "lessons" in the latter part of the book will be found to be extremely useful.

Men frequently purchase a microscope, and go to work with it and possibly ruin it, if it is a fine one, and injure their eyesight at the same time, for want of proper instruction that they could get from such works as these, which should always be purchased and studied before the instrument is purchased. Had we done that many years ago, we would not have injured our eyesight as we did by attempting to examine objects through a microscope by a strong light, through ignorance of the proper manner of using the instrument.

The author's opinions on all subjects are very sound, and valuable: his views on the subject of Binocular and Monocular microscopes are sound.

Taking the work altogether we can most heartily recommend it to physicians, and to those who wish to perfect themselves in the use of this valuable instrument.

J. T. B,

CATARRHAL DISEASES OF THE NASAL AND RESPIRATORY ORGANS. By G. N. Brigham, M. D., Grand Rapids, Mich. Published by A. L. Chatterton, New York.

This is a valuable little work of 130 pages, the author does not waste much time on theorizing, but at once launches into the subject like a person taking a plunge bath,

The selection of the remedies is made with care and will prove successful if used as intimated by the author.

The clinical cases given all through the book, will aid the student in forming a correct diagnosis in cases that he may be called upon to treat.

The work is well written and will prove a valuable addition to the library of every young practitioner.

J. T. B.

TRANSACTIONS OF THE WORLD'S HOMŒOPATHIC CONVENTION held at Philadelphia, under the auspices of the American Institute of Homœopathy, at its 29th session, 1876. Vol. II. History of Homœopathy. Phila.: Sherman & Co. Printers, 1880.

This is a volume of 1128 pages, showing great care in every department. The typography is good, and its binding after the usual style of society reports.

It might be supposed, from the fact that so much time has been consumed in this work, that it had not gone on as rapidly as possible; but when the magnitude of the task, which can only be known by examining the volume, is fully appreciated, nobody should be accused of unnecessary delays.

The information found in the pages of this great work has not been obtained without expenditure. The pride of our physicians should be for each one to secure this volume and place it on the shelf for frequent reference, and to hand down to his posterity, to preserve that without which, at some day, the future Hahnemannian would remain in comparative ignorance of his rise and early progress.

J. T. K.

Managing Editor's Easy Chair.

It usually takes a year or two to establish a medical journal on paying or self sustaining basis; but if we read the signs aright the COURIER has within three months thoroughly established itself and is receiving the confidence and support its character merits.

Numerous letters of congratulatory tone are being received and we cannot forbear printing one as a sample; it is as follows:

WASHINGTON, D. C., Feb. 10th, 1881.

J. T. BOYD, M. D.

Dear Doctor:—Find enclosed $2.00 for which send me the "HOMŒO-COURIER" for one year. I write to you from the fact that I wish to congratulate you on the leading article in the first number, written by you entitled: "Rational Medicine." This has the ring of the pure metal and as long as this continues to be the COURIER's platform, here is my money and my hand.

Respectfully yours etc.,

C. PEARSON.

HERING TESTIMONIAL.—We are in receipt of the following:

PHILADELPHIA, January 1st, 1881.

Dear Doctor:

At the "Hering Memorial Meeting" held in Philadelphia on the tenth day of last October, at the same hour that similar Memorial Meetings were held in the chief cities of the United States and Europe, it was unanimously resolved to collect the various speeches and eulogies delivered at these meetings into a volume, under the title of "The Hering Memorial," which should serve not only as an expression of the veneration and affection in which we hold the memory of our great colleague, but also as a

monument to his surpassing excellence as a man and physician, more enduring than any structure in bronze or stone, and one, which, we are sure, would be more in accord with his own wishes.

The undersigned, literary executors of Dr. Hering, were appointed to edit this Memorial volume for which the materials are already in hand, and are merely awaiting the necessary funds for publication.

The Rev. Dr. Furness has kindly consented to write a short Memoir of his old friend, and this, with the material before mentioned and various paper furnished by eminent physicians and by personal friends, will make a volume of several hundred pages, which cannot but prove of great professional and historical value, and at the same time its contents will be sufficiently varied, to prove attractive to general readers, even for the few minutes they are awaiting attention in the physician's office. The book will be handsomely bound and illustrated.

In order to accomplish this object, you are asked to send to any one of the undersigned, whatsoever sum you may find it a pleasure to give towards the publication of this book, in memory of one who gave freely of all he had to his beloved Homœopathy.

To all contributors to the publication fund, a copy of the book will be sent.

Messrs. Boericke & Tafel, the well known publishers, have kindly consented to attend, without remuneration, to the distribution of the volumes; the artist furnishes the drawings as his contributions; there remains, therefore, as the sole expense of the book, the cost of paper, engraving, printing and binding. Whatever sum remains after paying these four items, will be presented to Mrs. Hering in the name of all the subscribers, of whose names a printed list will accompany each volume.

Yours respectfully,

C. G. Raue, M. D., 121 North Tenth Street.
C. B. Knerr. M. D., 112 North Twelfth Street.
C. Mohr, M. D., 555 North Sixteenth Street.

Health Statistics.—Dr. Ludeking, Clerk of the Board of Health, has prepared a comparative table of deaths for the year 1880, which shows that St. Louis,

with a population of 350,522 still holds her own as the healthiest city on the continent.

The table is as follows:

	Population.	Total mortality.	Rate per 1,000.	Deaths under 5 yrs.	Per ct. of deaths under 5 years to total mort'y.
St. Louis,	350,522	6,635	18.92	2,937	44.26
Cincinnati,	255,708	5,126	20.04	2,196	42.08
Philadelphia,	846,984	17.385	20.05	6,461	37.03
Chicago,	503,298	10,462	20.08	5,600	53.05
Boston,	363.938	8,369	22,09	....	...
Brooklyn,	566,689	13,171	23.02	6,193	47.00
Baltimore,	332,190	8,080	24.03	3,629	44.09
New Orleans,	216,359	5,526	25.06	1,981	35.08
New York,	1,206,590	31,770	26.03	14,599	45.09

MEDICAL LEGISLATION.—The following circular has been issued:

To the Medical Profession of the State of Missouri:

Gentlemen:—Your attention is respecfully called to several measures now before the General Assembly, which, while designed to guard the health and life of the community at large throws round our profession the protecting mantle of law. The time has arrived when, as citizens and physicians, it is an imperative duty to seek legal safe-guards for the health and lives of the people, and to secure, at the hands of the representative body a public recognition of the dignity, learning and usefulness of our profession, and the necessity of protecting its worthy members from the machinations of numberless quacks and charlatans, who, parading undeservedly an honorable title, practice upon the credulity of the public to its incalculable injury, while by their ignorance and evil deeds they bring obloquy upon scientific medicine and filch the just deserts of its worthy but more modest votaries.

The enactment of such salutary measures will indicate the performance of an act of justice too long deferred and mark a forward step in the path of civilization.

Many states of the Union have by law regulated the

practice of medicine, and in every instance greatly to the advantage of the community and the profession. In our sister State of Illinois such an act has been for some years so faithfully executed by a board of health as to merit and receive the approbation of all good citizens, the complimentary notice of the Governor in his recent message and the hearty approval of the medical profession. But while accomplishing so much good for that state, an unmitigated evil has been done Missouri. Under its stringent provisions hundreds of uneducated medical pretenders have been driven thence and have found a home in our unprotected state, where their dishonest and pretentious claims are recognized and they have been and are now fattening upon the misfortunes of our people. To rid the state of these quacks and charlahans and to secure immunity from the presence of this dangerous class in the future is the object for which we seek your co-operation.

Instructed by the St. Louis Medical Society we have prepared three bills for legislative action. One of these provides for the creation of a State Board of Health, another for regulating the practice of medicine, and the third for the registration of births, deaths and mariages. Certainly no honorable graduate or practitioner will fail to do all his power to secure the passage of these bills. The labor and influence requisite to the accomplishment of this purpose must be brought to bear during the present session, as the Legislature cannot convene regularly again for two years. We suggest that you immediately write and get others of your constituency to address your representatives requesting and instructing them to support the measures referred to, and if your county or district has a medical society or association let it pass resolutions favorable to the bills and immediately transmit the same to suitable representatives. By determined effort and concert of action upon the part of the profession, it is impossible that we should fail to secure this wise legislation in behalf of the vital, sanitary and medical interests of the state and welfare and security of our noble profession.

This circular is signed by a committee of the St. Louis Medical Society.

The bill providing for a State board of health contem-

plates that said board shall be composed of two laymen, one Homœopath, one Eclectic and three Allopaths. This is about fair and all that could be reasonably asked as it is generally understood one Homœopath is equal to three or four Allopaths and an Eclectic thrown in.

LOCATIONS FOR HOMŒOPATHIC PHYSICIANS.—At Hutchison, Kansas. Population 2,000. The doctor is dead that formerly practiced there.

At Manhattan, Kansas. Population 2,500. Old town and wealthy.

A. E. Sprague, of Cherokee, Kansas, writes us:

"I would like to have you send us a lady physican to locate here; one that fully understands the diseases of women and children. Our town, or village, is small, yet I think a successful Homœopathic Physician could do well; have none here.

"Hope you will favor us by recommending, or referring us to one or the very best."

COLLEGES.

THE twenty-first annual commencement exercises of the Homœopathic Medical College of Missouri will be held in the College building, 9th and Madison streets, on Tuesday evening, March the 2nd The programme includes the usual exercises peculiar to such occasions. Professor J. W. Thrasher is to deliver the Valedictory Address. The students of this college have listened to six and sometimes seven lectures per day during the past twenty weeks, and if they are not thoroughly posted it is through no fault of the Faculty.

THE tenth course of instruction in the Missouri School of Midwifery will begin the first Monday in March.

The Homœopathic Courier.

VOL. I. APRIL, 1881. No. 4.

Department of Theory and Practice.

J. T. BOYD, M. D., Editor.

CALCARIA SILICATA.

Read before the Hering Medical Society of St. Louis, Mo., by J. T. Boyd, M. D.

I wish to present to the members of this Society a new remedy, Calcaria Silicata, or the silicate of lime.

This article being composed of two articles both already well known to the profession and of acknowledged virtue separately, the question arises, are they not still better and more efficient in combination, as they have such a strong affinity for each other, and may they not act more effectively and promptly when combined, as mercurius corrosivus, kali hydriodicum, etc., which are chemical compounds and are the union of two elementary bodies?

The lamented Hering in whose honor we have named this Society, was an advocate for such com-

binations. It is peculiarly appropriate that this remedy should be first mentioned in the first meeting of a society bearing his name.

The signal relief derived from silicia in fistulous sinuses, would lead us to expect that we might derive still more benefit from a combination of it with lime.

Reasoning from the fact that the increased power that chemical combinations of a like character have, has induced me to prepare and present to the members of this Society the chemical combination of the silicate of lime, or Calcaria Silicata potentized to the 30th decimal potency.

And now first about the manner of its preparation.

Faraday has given one method of preparing pure silica, and Jahr and Gruner another. I have not followed exactly either in making this preparation but a plan that I think preferable to either.

I took a large good looking oyster shell from which to obtain the lime, boiled it for two hours in water, changing the water every half hour, then dried the shell, rasped off all but the pure white part, put it in a mortar and triturated it until it was a fine powder; next I took a piece of Brazilian pebble (rock crystal) which is pure silica, heated it red hot, and dropped it into cold water. This caused it to crack and, it was then easily reduced to fine sand. I now put the two together (the oyster shell and sand), triturated them for half an hour, put the resulting powder in an iron crucible and brought both to a red heat, kept them at that heat for an hour,

then removed them and before allowing the compound to cool moistened it with lime water. This caused the lime to slacken and aided it to combine with the silica. As soon as sufficiently cool I put the compound into a clean *new* mortar that had never been used, and triturated it with pure sugar of milk, and carried it up carefully to the 3d attenuation, taking an hour and a half to each trituration, as Profs. Matheson and Brown will testify as they were present during the performance. I next sent it, mortar and all, to our friend Wm. F. Bockstruck, of Munson's Homœopathic Pharmacy, No. 411 Locust street, this city, who carefully ran up the attenuations by trituration to the 10th and from that to the 30th by dilution, which attenuation I herewith present to the members of the Society for the purpose of proving it.

THERAPEUTICAL EFFECTS:

As this article, silicate of lime, has remarkable effects both on the vegetable and animal kingdom, it would lead us to expect much from it as a remedy for certain forms of disease.

Stockhardt's Agricultural Chemistry says: "All plants contain silica and its combinations; many, as for example the various kinds of grain in their straw, in very considerable quantity. Hence we infer that it is a necessary constituent of plants, and they cannot dispense with it in their food."

This is in the form of silicate of potash, soda or

lime and where these are deficient the grass or straw of the grain suffers, becomes covered with fungus (rust), and the process of the maturing grain is arrested, and blight is the result.

Leibig says: "All kinds of grasses, the *Equisetacea*, for example, contain in the outer parts of their leaves and stalk a large quantity of silicic acid and potash in the form of acid silicate of potash.

"It would be of importance to examine what alkalies are contained in the ashes of sea-shore plants which grow in the humid hollow of downs, and especially in those of the millet-grass. If potassa is not found in them, it must certainly be replaced by soda or lime."

Again Leibig says: "It will now be obvious to you, that in a mixture of clay with lime, all the conditions exist for the solution of the silicated clay, and the solubility of the alkaline silicates. The lime gradually dissolving in water charged with carbonic acid, acts like milk of lime upon the clay. This explains also the favorable influence which *marl* (by which term all those varieties of clay rich in lime are designated) exerts upon most kinds of soil.

"There are marly soils which surpass all others in fertility for all kinds of plants, but I believe *marl* in a burnt state must be far more effective, as well as other materials possessing a similar composition; as, for instance, those species of lime-stone which are adapted to the preparation of hydraulic cements, for these carry to the soil not only the alkaline ba-

ses useful to plants, but also silica in a state capable of assimilation."

We know that lime must frequently be added to the soil on account of the exhausting process of the plants growing on it, and taking up from the soil those ingredients that they require.

The silicate of lime is not a constant ingredient in all soils; in some it is entirely wanting.

Dr. Johnston, in his Agricultural Chemistry, says: "There is one compound of lime which, though occurring occasionally in all soils, has not hitherto been applied to the improvement of the land, even in localities where it most abounds.

"This compound is the *silicate* of lime. I have already directed your attention to the presence of this compound in trap rocks, and to the fertile character which it imparts to the soils which are formed by the natural degradation (disintegration) of these rocks."

The amount of this compound in soil is very slight about 2 per cent., and the grass or grain growing on this soil requires several years to exhaust even this small quantity; consequently its presence in the straw or stems and leaves must be in an extremely attenuated condition; and yet it is in sufficient quantities to sensibly affect both the plants and the animals that feed on them; either from its presence or absence in the plants.

Now what condition does the presence of these ingredients, or the want of them, in the plants have on the animals that use them for food?

It is well known that sheep that feed on grass grown on soil wanting silicate of lime become diseased, and when changed to a pasture where these ingredients exist they become better. This should teach us the curative value of the silicate of lime.

Dr. Johnston, in his work on Agricultural Chemistry, makes this remark, viz: "It is a singular fact observed here and there among the Cheviot Hills, that on the border where sheep are folded or pastured on hills of trap (serpentine magnesian) (*that is soil wanting the silicate of lime*) which are covered with delicate herbage, they are attacked by what is locally called the pining ill (a sort of consumption), they pine away, become indolent and are unwilling to move. The cure is to drive them to a neighboring *sand* stone pasture where they become quite active and begin to thrive."

Prideaux says: "Lime is said to prevent the *rot* in sheep fed upon pastures on which before liming the stock was liable to be affected by this disease."

What is the pathology of *Pining ill* and *Rot?* This is an important question. We will quote from *Sheep and their Diseases* by Wm. Youatt, an acknowledged authority. He says: "When a rotted sheep is examined after death, the whole cellular tissue is found to be infiltrated, a yellow serous fluid everywhere follows the knife. The muscles are soft and flabby; they have the appearance of being macerated. The kidneys are pale, and flaccid and infiltrated; the mesenteric glands enlarged and

engorged with yellow serous fluid. The belly is frequently filled with water or purulent matter; the peritoneum is everywhere thickened, and the bowels adhere together by means of an unnatural growth (evidence of low grade of inflammation). The heart is enlarged and softened and the lungs are filled with tubercles. The liver undergoes disorganization, the disease is inflammation of the liver."

The same writer mentions consumption in sheep (the pining ill) as follows: "The cough continues —it increases—a pallidness of the lips or of the conjunctiva is observed, a gradual loss of flesh, an occasional or constant diarrhœa which yields for a while to proper medicine, but returns again and again until it wears the animal away. How many in a breeding stock of sheep perish in this way? Of how many diseases is this cough and gradual wasting the termination? It is the frequent ending up of *turn sick;* it is the companion and child of *rot.*"

These diseases correspond to similar conditions in the human economy, and if the grass grown on a soil containing silicate of lime is efficient as a curative agent because of this article in this dynamic condition in the fibres of the plant, to the sheep, why may we not expect good results in similar diseases in man?

The experiments of Magendie, and more recently of Billroth and other physiologists, on the lower animals, have been used to illustrate the physiological effects of remedies on man; so I am authorized to propose this as a remedy for a similar path-

ological condition in man, such as those pus-generating diseases, as tubercular consumption, lumbar abscess, psoas abscess, fistula in ano, and other kindred diseases.

It is the presence of this article in the waters of some of the mineral water-springs that renders them so valuable in certain diseases, although these waters are prescribed empirically, and without a correct knowledge of their pathogenisis.

PARTIAL PROVING.

Like Don Quixote with his balsam of *Fierabras*, I concluded to prove this article on my own family, and although I cannot claim all for it that the Don did for his famous balsam, yet it has appeared to prove efficacious as far as I have used it.

Mrs. B., aged 57, bilious temperament, has been afflicted for several years with weak lungs, having a hereditary predisposition to phthisis; three sisters dying with that complaint; at present Mrs. B. is troubled with a short dry cough, occasional expectoration of small specks of tuberculous substance, with slight dullness on percussion over the apex of the left lung, with lessened resonance, but slight pectriloquy, no night sweats or diarrhœa. Commenced using *Calcaria Silicata:* 5 grs. of 10 x trit. once a day for one week, three or four weeks ago, with the following effects: disagreable dreams at night, a hideous old woman's face coming close to her, and then passing down the affected side

and leaving, limbs becoming stiff, a disinclination to exercise, redness of the eye especially the inner canthus, severe headache, vision obscured, cannot see to read with usual spectacles. Cough improved, muco-purulent expectoration ceased, evident improvement in this respect. Becoming alarmed at the obscuration of sight she suspended the use of the article and in a few days eyes improved, feels she is decidedly better and thinks she will commence the use of the remedy again.

EMPIRICALLY USED.

Mrs. L., aged 36, nervo-sanguineous temperament, afflicted for five years with disease of the rectum and descending portion of the colon, has been treated by the physicians of Boston, was for a year in one of the Boston hospitals, discharged incurable, of what disease the physicians would not say, only that it was malignant, was brought to this city on a couch to stay with her married daughter and placed under my charge. She then presented the following symptoms: great prostration, thought she would certainly die before reaching this city, has not been able to rest at night unless from the effects of a large morphine suppository, pulse, small, 100, tumor in the left side, rough and nodular stricture of the rectum, not allowing the feces to pass larger than the size of a lead pencil. Bloody muco-purulent discharges from the bowels in large quantities combined with granular caseous matter. Diagnosed the case a stricture of the rectum, *probably*

complicated with *fungu hæmatodes* of the sigmoid flexure of the rectum. After allowing her to rest and recuperate for one week using Thuya 10th once a day, I called in Prof. W. C. Richardson, who forcibly dilated the stricture while she was under the influence of chloroform.

The operation was a complete success and as soon as the immediate effects of the operation was over she felt some improvement. This lasted for two weeks when the discharge commenced to increase, becoming more bloody, discharged large quantities of pus and curdled cheesy matter, strength failing fast; was sent for one night, her friends not expecting her to live till morning; found her greatly prostrated suffering, extreme pain, which pain had been constantly increasing for two weeks; was compelled to use the morphine suppositories to obtain any rest at all. The disease seemed to have progressed in spite of all the remedies used for the last 4 or 5 weeks. As a forlorn hope, and because I did not know what else to do, and was expected to do something, I gave her Calcaria Silicata, one dose 5 grs. of the 10th dec. trit. once a day for one week, then blanks. Since that time, four weeks ago, she has gradually improved, bloody muco-purulent cheesy discharge gradually lessened, tumor softer and less knotted, and discharges larger and more fecal matter, *pain all gone*, rests well at night, and is now able to sit up with ease, something she has not been able to do for over a year, is cheerful and hopeful for the first time for years.

This improvement continued for two or three

weeks, when the old symptoms commencing again she begged me to give her some more of those powders, [the silicate of lime,] I then gave her three doses same as before, when medicinal aggravations manifested themselves, as pain in the head without increased heat of body, dimness of vision, aching in the limbs with stiffness, pain in the eyes as if sand were present there, troubled with seeing disagreeable persons around the bed when half asleep, redness of the eye. [These are the same as Mrs. B. had, the redness of the inner canthus of the eyes, is the first symptom of the pining ill in sheep,]—dryness of the throat, and a decidedly alkaline taste in the mouth, I had then to stop the use of the remedy again.

Thus far there is evidently a great improvement; will it continue? is the question. We will see.

This remedy is now in the hands of several physicians of this city, and we may hope to have a more correct proving of it in a short time.

Department of Electrology & Neurology.

J. T. KENT, M. D., Editor.

SUPPRESSION OF SYPHILIS.

The subject of the suppression of syphilis may seem to some, who perhaps have only given it a cursory consideration, to be a *reductio ad absurdum;* but upon a more mature deliberation, we can but hope all will join us in wondering why the subject has not had a Murphy, or a Moody, or an Ingersoll, or a Parnell, or some other great champion to sound the battle-cry against this great destroyer—venereal contagion. Physicians have lent their influence in legislative affairs, and have added to their pockets fat and frequent fees by appointments in social evil hospitals, and as physicians in charge of assignation prostitutes. The pretense of doing good was quite sufficient to mask their aim at getting cash from the female portion of the social-evil constituents, and it was not desirable to restrict the masculine division, or the highly profitable business might be markedly diminished, and men in high standing, who are now covered by legal gauze, would be exposed and dishonored. "If ignorance is bliss, etc."

The zealous divine in his honest toil at doing good, and the industrious Murphy in his most excel-

lent labors at weaning the drunkard from his grog, are working in no more deserving and honorable a cause than is he, who would battle against and mark out a barrier to syphilitic contagion.

The extent that restraint, or the degree of suppression that may be brought about the measures based upon mature reflection, is yet to appear; but that there is need of restraint, and that measures looking to such an end are possible, is in our mind the farthest from doubt. When laws become possible, that deal with males and females upon the basis of equality, then may we hope. But so long as it is only talked and practiced that females shall be submitted to a registrative maculation, it need not be considered possible for humanity to escape the social monster. Enactments of unusual stringency must necessarily be made before our people shall be safe, even in the most pious realms of our society. The people of our country through their religious principles, are now, in their supposed efforts at doing good, militating against the interests of their own posterity. They hold their hands uplifted in horror at the thought of legalizing prostitution or passing any laws pertaining to registration and inspection. They must be taught by the physician, that such a law is not intended to favor vice and crime, but to rob them of their lasting results. As prostitution has existed since the days of Rahab, it will probably exist in spite of laws and priests; but good people should join to deprive it of its dire sequelæ and lasting curse, venereal contagion. In this conflict, for such it is,

we meet two classes of active opponents; first, the conscientious people who are acquainted only with the cause and, therefore, cannot consider the effects; second, the participants of the social evil itself. As it must be admitted that prostitution cannot be wiped out, we must accept the situation, and if possible, induce a legislative restraint over its evil consequences. We can see no better plan of extending the law around this class of human beings, than by licensing and thereby restricting all participants, male and female, who desire to use illicitly the means by which syphilis is propagated. The first action looking to such legislative measures must be directed toward convincing Christian people that any method of checking the results of vice is not so dire a sin as the silent submission to the vice itself. We are sorry to admit that it is an open question as to how we can best restrain vice and its evils by statute laws. But the results of this vice should be submitted in a forcible style to the people, advocated by medical men, and teachers of science. We are not so selfish that we would have our personal views, which are expressed in this paper, placed in advance, unless such views should appear to be the all-sufficient skeleton for the future needs of whatever may be required.

Syphilis is a disease that comes principally to the notice of the physician. If it should be his fixed duty to report every case to a public registrar, or board of health, as is the case in all large cities, with other contagious diseases, the records would show the degree of contamination, or purity of our

people, after a period of a few generations. It will be said, we are aware, this would be disclosing our secrets! It is our custom to protect the secrets of our patients. But we must ask, if it should be the physician's solemn duty to secrete the shame of one man and permit his posterity to suffer from contagious disease, or, for the great public good, should the physician be compelled to make common this knowledge, offering the greatest good to the greatest number? We shall not attempt to solve these questions, but have simply propounded them that they may be considered at leisure. Again, if we possessed such public records, and these records were open for inspection for every interested person —everyone contemplating marriage—much deception and misery might be avoided. The fear of being placed on record would make both male and female, careful beyond the probability of taking chances; and might we not hope to diminish contagion and protect so-called decent society?

The ordinances of St. Louis, during the social-evil days, were of more than ordinary importance. When females were in a diseased condition they were taken to the social evil hospital or submitted to the care of the house physician. The ordinance was in many respects a good one; but the so-called "good people" of our city regarded it as a greater evil than prostitution with all its consequences. They employed their united influence to procure its repeal and were successful. Some statistics in regard to the reported results of social-evil laws cannot be out of place. The St. Louis records are of

little value from the short period of time the measure was in force and we shall not use them. Again, as it is our place of residence, our deductions might appear somewhat biased. The recorded facts obtained from the "*Blue Book*" of the Royal Commission may be taken, as far as data are recorded, as exhibiting the results generally observed under the legislation acts of other places.

It must be remembered, however, that all figures are based upon a restriction of only one-half of the participants in the social-evil. Women only were registered and inspected. Men were simply inspected where they applied for treatment after contagion had taken place; but they were not prevented from returning to places of prostitution and spreading it among healthy women. We see no more reason for permitting a man affected with syphilis to have his liberty and immunity from restriction than a woman. The restriction of males would be quite easily enforced in large garrisons. Morgan writes that the proportion of the male population that suffers from venereal disease cannot be less than fifty to sixty per cent. Again, he writes: "It is not too strong a statement to make, that amongst the lower order, and artisan male population, sixty-five to eighty per cent. suffer from the contagious diseases in some form; and that in proportion as we ascend in the social scale, while the percentages of soft, irritative sores diminish, gonorrhœa and infecting syphilis increase; but I doubt if the percentage, even then of those who suffer, can be less than fifty to sixty per cent,"

This statement is in perfect harmony with the great Bomstead and writers of experience throughout this country.

"In three months there were treated in Dublin (Morgan) 480 cases of syphilis and 400 of gonorrhœa, a total of 880 cases out of a garrison averaging 4,307 men: so that in a year, at the same ratio, number representing the entire garrison would have been under treatment—a monstruous state of things, if preventable, when it is considered in how many of these instances the seeds of ultimate deterioration would fructify almost indefinitely; and taking the soldier at the estimate cost of £100, the State has in Dublin £430,700 worth of its soldiers diseased in twelve months."

This is not different from the state of affairs in our late war.

"In Devonport and Plymouth, where from the first the system has been most carefully and vigorously administered, the state of syphilitic disease in 1864, before legislation, showed 274 cases out of 2,481 strength; in 1865, before the Act of 1864 had made any impression, the numbers rose to 342 cases; in 1866, when only women informed against, or strongly suspected of being affected with contagious disease, were brought up for examination, the number fell to 200. In 1867, where the same system prevailed, a further reduction from 209 to 185 was reached. In 1868, under the monthly examination for the latter half of the year, the figures were reduced from 185 to 159. In 1869, when the fortnightly examination was first instituted, the fi-

gures rose from 159 to 162, and in the following year were reduced to 85 or nearly one-half. The strength of the garrison was nearly the same throughout these years."—(*Morgan.*)

Taking the aggregate of twenty-eight stations of troops in the United Kingdom, the ratio per one thousand of primary venereal sores, in 1865, was 120; it continued to diminish until 1870, when a ratio of 54 cases only, was marked by the register.

If space had permitted, we would have prepared a table including the figures of results under the statutes in Paris, New Orleans, St. Louis and other cities; but we shall simply remark that such figures are only corroborative of the figures presented above, in a common showing of the good accomplished in all cities where the Act has existed. It is not pretended that a great showing could be made in a year or a decade, but in a century a great restraining influence would most certainly be manifested were the restrictions based upon the rules of justice to honest people and general equality with both sexes. But we must leave the statistical part of the subject and direct attention to some of the remote changes of syphilis. We may the more readily see the necessity of some extraordinary effort to procure the much-needed legislation. It is against these that we most need to exercise our whole energies. These remote changes are so much more direful than those of the primary and secondary disease, because they are generally deep-seated and masked.

It is not the gangrenous genitals we would pic-

ture to you; neither is it the common manifestations that show themselves in the forms of secondary outbreaks; such as ulceration of the throat, syphilitic exanthemata, alopecia, etc. These are too well known. Of the more masked forms that do not show themselves until a tertiary period, when our patient is supposed to be "cured"; and to the hereditary features, we wish to give you a fair and truthful picture. Syphilis as a cause of many nervous diseases will furnish you area for contemplation of no small dimentions. Study syphilis, if you will, as an etiological factor, as a cause of paralysis, of myelitis and scleroses; trace the pathological relations of the gumma to hemiplegia, paraplegia, facial paralysis, ptosis mydriasis, strabismus; remember the intense head-pain in cerebral syphilis; also, the abolition of taste and olefaction; finally, insanity and a multitude of organic changes in the vascular substance, such as atheromatous degeneration, thrombosis, and such as result in hemorrhage into the nervous tissues, followed by softening and death. Behold these great pathological changes that are seen daily as the results of syphilis! An extensive observation and much reflection compel us to remark that one-half of the organic pathological change in nerve-structures are caused immediately or remotely by syphilis. Our space is too limited to give you but a cursory glance at the dangers and horrors that threaten our posterity. If great changes are not effected in customs, habits and legislative enactments of all nations the people will certainly be greatly endangered.

The utterly loathsome character of the disease has prevented a proper consideration and thereby the enacting of laws to prevent its spread. Public authorities quarantine against the maladies much less offensive and people submit. But this is a contagious disease of a most virulent character; yet it has not received the attention from public authorities and boards of health which would indicate it to be a disease of the contagious variety. Why should it be necessary to report a case of yellow fever or diphtheria to our health departments, or establish quarantine against yellow fever more than syphilis? Why submit a patient suffering from a contagious disease or one that comes to him in endemic or epidemic form, as a thief in the night, to quarantine rules and isolation, and permit the disease that never seeks a victim and the patient that has gone where the disease existed — a voluntary exposure—to go free and unrestrained, with a liberty to carry the disease to innocent and unsuspecting parties, without comment? The subject must go where syphilis is or he will not likely become its victim. It is not so with other contagious diseases. The subject of contagion in such cases has no choice. Innocent persons are made victims of syphilitic contagion. It is a grievance worthy of the strongest execration that profound silence compels chaste wives unknowingly to undergo exposure to this contagion; where, if every victim of the disease was registered, she could search his blood-history in the public archives. Under such a restraint, every such man would become cautious

and post-matrimonial contagion would be rare. Such an enactment should not be made to expose the victims of post-contagion, but put into effect at a future date when every man and woman had been duly warned of the penalty for vice. Then no man or woman would submit to sexual embraces without exchanging health-certificates, if either had a reputation to lose.

Syphilis and inebriety should be regarded, by all good citizens, as "twin-relics," and no greater advocates are demanded to oppose the latter than the former. Both are sapping health and loveliness in our best circles of society. The masses know of the evils of inebriety; its worst features are superficial; but the physician only, knows of the misery and untold suffering caused by syphilis. It lurks concealed and preys upon unsuspecting innocence. Inebriety often shows its worst features, and the culpable individual is branded an outcast, and neither respected nor trusted; but the syphilitic may pass for a gentleman of noble blood, and be sought as a husband for the daughters of pure and noble families. He is permitted entrance by wedlock into the bosoms of families and to introduce the bitter sequences by rotten offspring into his own home. How would a young mother feel, when she is losing her infant offspring in their tender weeks, and she listens to the kind clergy's gentle remark: "The good God has seen fit in His all-wise providence to remove your infant, etc." If she but knew that the fell destroyer Syphilis had done the work, and that her kind and loving husband had been the au-

thor of all these frequent causes to mourn? Could this mother but know the doctor's secrets! Could she have had access to public archives! Had she not been clouded by this profound silence, she would not think the good God so unkind in His administration.

We are not aiming to overdraw this picture, nor can we represent this cursed evil as it is observed by the physician for himself. This great evil has no public opponent. There is no one to proclaim from the pulpit or the platform a crusade against this dire enemy. Physicians talk of public hygiene, public health, etc.; they come to societies and cursorily discuss symptomatology and treatment. But who says anything about arresting its progress? Who says anything about quarantining against this social exil?

In syphilis the immediate victim is not the last or only sufferer. "The sins of the father are visited upon the children to the third and fourth generation" contaminating mind and body and making life a curse. It has been said that the effects are observed in the fourth generation in the form of tuberculosis, scrofula, diseases of the brain and mind, hydrocephalus, glandular diseases, idiocy and insanity. If we could have true reports, showing exact figures from which to arrange a statisticals table of the mortality of children, we would certainly be striken with horror and alarm. An infant *in articulo mortis* from congenital syphilis is an occurrence so frequent, especially in our large cities, as to evoke little attention. The lower classes are

sometimes truly registered as to the cause of deaths, where they die of syphilis. But who would brand a person of social and financial influence with such a stigma? Then if the doctor's bill is forthcoming, it is easy to write the cause of death, "eczema," or "congestion." It is often impossible at the present for a physician to state the true cause of death, in plain language, on a burial certificate. Then it will readily appear to you, how impossible it is to obtain anything like correct figures for a statistical report; but we know that such a report, based upon the true state of affairs, would show up surprisingly. No class of society is exempt from this curse, as every physician of experience can testify. Station, education and wealth form no barrier to this monster.

Vice has its votaries without regard to station. A victim may prolong his life by his wealth, but our population of the middle class, as a rule, are freest from the taint. Their bodies are not subject to over-feeding, therefore the disease seldom causes so great a general breaking-down of tissues as in the case of the wealthy, who have been "stall-fed," as it were, by highly seasoned food. The poorer classes, by reason of the greater number of their offspring, as compared with the number of children begotten by wealthy parents, when they are contaminated, give the disease a wider diffusion. The disease soon breaks down the constitution of poorly-fed children, and hurries them up in an early grave. In the extremes of the social world are the unfortun-

ates who suffer more physically, those of the middle classes are freest from vice and, therefore, most exempt from venereal contagion. But it cannot be said that any class is even comparatively free from this dire scourge. In reference to the very poor classes; it has been said that they suffer more personally from want of care or necessaries of life, and their children seldom live to become parents, which is not true of the wealthy, who have every means to procure medical skill and thereby prolongation of life. They live to become parents of a devitalized offispring on and on. These, by medical aid, good food, plenty of fresh air, favorable surroundings, live on, and beget feeble children; and so on for three or four generations. Occasionally, the familly name becomes extinct. Yet by all kinds of favorable surroundings, and intermarriage with individuals of pure blood, a few of the posterity survive. If no new contagion has been introduced, an improvement is observed and the upward tendency is rapid, until a normal physical being is before us. Thus in accordance with the law called "survival of the fittest," we see them daily advancing to a position, or sphere, in which they flourished generations before, but were compelled to pass through a dark period of physical deterioration, visited upon them as a penalty for the sins of their parents. Every physician conversant with the sequelæ of syphilis, has observed patients, who in early manhood had gone through a course of treatment for this disease (and cured.) All symptoms had long since passed

away; every sign of the disease had disappeared in usual time; nothing had been suspected for five, ten, fifteen, twenty or twenty-five years, when a sensation of weakness appears upon one side of the body and limbs, the face may be drawn to one side, tingling in the paretic hand and foot, going on to a complete paralysis of one side. Again, an epileptiform convulsion may mask the onset of the symptoms, followed by ptosis, and paresis of some of the ocular muscles. He may have joint troubles that are often ascribed to rheumatism, or he may suffer intense head-pain which is relieved by large doses of iodide of potassium.

We have now marked out some of the leading features of nervous syphilis. They are common in city practice. It is admitted that only within the last decade has there existed anything like a careful knowledge of these features of syphilis. Since these recent discoveries in nerve-pathology, there is no reason to doubt that this acquired diathesis may be handed down in this immediate state to the offspring. It is now beyond a doubt admitted that the disease may be transmitted in its immediate stage, if not in immediate condition, and that it by no means follows that it must appear in a perfect symptom picture of progress; but that any of the diverse forms may follow a congenital transmission. Says the most excellent pathologist, M. Paget: "We now know that certain diseases of the lungs, the liver and spleen, are all of a syphilitic origin, and the mortality from syphilis, in its later forms is every year found to be larger and larger by its

being found to be a source of a number of diseases, which previouly were referred to other origins and accidents, or put down under various heads they did not belong to."

Such language, coming from so eminent a physician, should be received with great confidence. We would be glad to refer, *in extenso*, to the experience of many of our trustworthy physicians, but space only permits a cursory mention. We have treated many cases that had contracted the disease twenty and thirty years before; patients who had long thought themselves well, but in whom there appeared unmistakable signs of the or-iginal disease in its tertiary forms. Dr. Milbrey Green, informs us of cases under his own observation, transmitting the disease after thirty-five years. We firmly believe there is no time beyond which we are safe in declaring immunity to transmission, and no case, no matter how well treated, that we can absolutely pronounce free from the disorder. We are willing to admit that many cases get well and that the tendency is for nature to cure the disease. But we have no positive assurance that she has performed her work in any given case so completely that a relapse may not occur at some distant period in the future. This is not a question based upon the treatment of any individual physician, or of how successful our general treatment can de made; neither are a few individual successes a barrier to the truth of the above statement. The statement is based upon how unsuccessful generally the treatment has been and even now is.

We are aware that this is a very delicate question. Some may say it is too delicate to bring to the masses. But should any vice or evil be considered too delicate to name which is in perpetual activity, contaminating the blood and destroying the life of so many? Do people generally feel fastidious in regard to warnings against foul monsters, that may at an unexpected time devour them by degrees? If it is too delicate a subject for open discussion, it cannot be too delicate to bring before a body of scientific gentlemen, who certainly have the best interests of the people at heart. With such an aim we do not feel so great a delicacy in presenting a picture of facts to the view. There is no vice, it matters not how vile, that should not be named. To promote life, health, physical and mental beatitudes should be the physician's strongest desire. To restrain the progress of contagion the people must first be enlightened in regard to its dangers. No "Maine Law" could have passed for the restraint of inebriety, as it has throughout our Eastern States had it not been through the enlightenment of the public. Likewise, the only legislation possible must be secured by a thorough enlightenment of the people in regard to the evils of syphilis.

In any legal restrictions pertaining to this vice, so long as the law deals with women alone and not with the men who frequent houses of prostitution the progress will be slow. Legal cognizance should be taken of men, who frequent these places, if we would have these affairs brought within

the possibility of active restraint. It is perhaps necessary for those only to register who traffic in this sphere to obtain filthy lucre. Then the registration previous to contagion would only be necessary for managers and inmates of houses of prostitution. The keeper should be compelled to register and it should be the her duty to see that her inmates were registered; and that all males visiting such places should be required to exhibit a certificate of recent date showing their freedom from contagious diease. This involves no exposure and could be made a protection against carrying contagion to houses of prostitution; every keeper would be glad to put in force such a measure as it would result in general protection.

As matters now exist even under the best-regulated houses of prostitution, men frequently take syphilis, and communicate it to their wives; and many times prostitutes contract the disease from the men who consort with them at assignation houses and elsewere. Men who contract small-pox are isolated, not only during the course of the disease, but until the danger has passed. A man may have recovered from small-pox and feel strong and well, and be as able to go into the streets as he was before he contracted the disease; but if he go into the street before he is free from all danger of communicating the disease to others, he will be arrested and confined. He might think his rights infringed and his liberty outraged, but the community would think it was just. Public opinion demands that all regulations in regard to small-pox

and other contagious diseases be enforced, however arbitrary they may seem to the victims of contagion.

In most large cities, physicians are required under penalty to furnish the boards of health a report of all contagious diseases; such as typhoid fever, diphtheria, scarlet fever, small-pox, etc., as soon as the diagnosis is made. The personal liberty of all such cases is interfered with until all possibility of contagion is past. Why is syphilis not reported with other contagious diseases? No, these cases go at large. Men with chancres on their lips go into society and sometimes by eating with the same spoon and osculating, sisters are contaminated. We have observed many such cases. A short time ago a most respectable widow consulted us for a troublesome sore, a mucous patch upon the lip. We traced it to her eating of sauce out of the same spoon with her lover who had a syphilitic sore upon his lips. He had been treated for syphilis five years before and supposed himself cured. He had relapsed to the extent of patches in the mouth when he contaminated this woman; and she suffered from well-marked syphilitic exanthemata. They were married and she has suffered from other secondary signs, placing the matter beyond question. We are waiting to see the result in their offspring.

The victim of syphilis should be isolated or in some manner restricted from associating with unsyphilized people. The law has certainly as much right to interfere with personal liberty of syphilitic

patients that it has with the victims of yellow fever or small-pox. We think it will not be denied that any city has the right to establish regulations for protection against any contagious disease; nor, that any city may have the right to enforce an ordinance compelling men to submit to examination and surveillance if they wish to consort with prostitutes; as much the right to enforce an ordinance compelling the surveillance of men, as of women who pursue such a business for their bread. If we had such measures we would have a double check on venereal contagion in public prostitutes as well as among men who receive the disease from other sources. But private illicit relations are not the object or subject of this paper. While we have made many suggestive statements that may at first seem impracticable, yet if free discussion follows and thereby good is accomplished, we shall feel amply repaid for any adverse criticism.

If we are to have a law that aims at the control of prostitution, let us have one that goes to the root of the evil and not a one-sided affair. Or it may be said by women, that so long as men do the voting, so long will women be submitted to the unfairness of one-sided laws and restraint. Men should not impose penalties upon women, and be themselves participants in the vices for which these penalties were established. Such a method of treatment is inhuman and unjust. It is barbarous, and not worthy of Christian people. We cannot condemn others with any good grace for crime or vice, in which we are equal participants. We

should first judge ourselves. It will be time enough to sit in judgment when we are faultless.

"Now, why is this? Should not the wretch
Who tramples in the dust
A young heart's purest offering
Forever be accursed?
Should he not be compelled to feel
The world's severest ban,
And meet the undisguised contempt
Of every honest man?

"The wretched one who fell from grace
In Galilee, of yore,
Was told by him who died for us,
To go and sin no more.
But now, if woman steps aside,
Society will cry,
'Sin on—there is no hope for thee!
Sin ever, till you die!'"

THERAPEUTICS.

BY L. P. HARRIS, M. D., FT. WAYNE, IND.

The term Therapeutics has been defined as "That part of medicine the object of which is the treatment of disease." Therapeutics, therefore, involves the relation of the dynamic forces employed to the spiritual forces of the patient treated. It is generally conceded that every atom of matter is endowed with life, activity and motion in some

form or another, and that nature affords not a single exception to this law. The first expression of a dynamic force being found in the atom, the foundation of all organic forms is based upon this fact; and every organic form to whatever department of nature it may belong, either planetary, animal, vegetable or mineral, is presided over by a force peculiar to itself, and as there is a great variety of elements in nature (about sixty-five in number) each endowed with its own peculiar dynamic forces, organic forms of almost infinite variety appear under the law of elementary combinations, each type having its own peculiar expression of life-force. The revolution of a planet is as much the expression of a life-force as the blooming of the rose, or the rapid flight of the antelope, and as there is an affinitizing relation between the life forces of the animal, vegetable and mineral kingdoms, the therapeutist steps in to make a transfer of these forces to his patient to restore order to his disturbed forces, and this brings us to the scientific basis of therapeutics, and we have the two great systems of medical practice before us—"*Similia similibus curantur*" and "*Contraria contrarius curantur.*"

The latter is a system of therapeutics which deals with dynamic forces in their *quantitative* and *dissimilar* relations. The former deals with them in their *qualitative* and *similar* relations. The latter proposes to cure by establishing "*another affection.*" The former proposes to cure by promoting a healthy re-action of the organism. That

the law of affinitizing relation between the forces of the great departments of nature does exist is fully established by symptomatology. And insomuch as the human body is composed of nearly all the elements known to exist in nature, we will assume that the sum of the forces of the body is the sum of the forces of all the elements of which it is composed, together with those resulting from the transformation of the forces in the body. If this assumption is correct, aided by a proper knowledge of the dynamic forces of the different types of life around us, we shall be able to find a counterpart to every force in the human system. This can only be accomplished by the utmost care and close observation in regard to impressions produced by the introduction of other forces to the system. This counterpart being once formed, and stripped of all other forces, chemical or otherwise, is the force to administer upon the principles of *similia similibus curantur*. This is the force that cures the patient, if cured at all. This is the spiritual force of one type of life transferred to another and appreciated by the affinity of forces—for there is an affinity of *forces* in the system as well as an affinity between the organs and tissues of the body and the nutrition destined to support those organs and tissues. This being true, we must come on to the plan of the *spiritual forces* of the patient with our therapeutic agents. I cannot here withhold an expression of profound respect for the manner in which the Professors of the Homœopathic College of Missouri persistently maintain the doc-

trine of high potencies in their remedies. There may have been a time in the distant past when crude remedies combined and administered in massive doses corresponded somewhat to the general conditions of life. If so, as man rises in the scale of intelligence and civilization, as he becomes more and more refined in his make-up and habits of life, crude medication should be abandoned. But, while professedly scientific therapeutists hold on to the practice of darker ages and continue to combine their remedies in almost endless confusion—no real progress can be made. To Homœopathy, in the hands of its unflinching advocates, is due the progress of true medical science, and the more clearly we understand its principles and its interior central forces, (call them *life-forces*, *spiritual* or *dynamic*, as we may,) and their true solutions to each other, the more fully do we appreciate its real merits.

While homœopathy has made a fine step in advance of all other systems of medical practice, in the discovery of the law of "*similia similibus curantur*," we think another step will ere long be taken in a better employment in the dynamic forces of metals. In England, Germany and France metalotherapy has been the subject of careful study and experiment for a number of years, and a lively discussion has ensued, and the opinion has been expressed that metalotheropy ought to be recognized as an important curative agent and take its place as such with electricity, magnetism, etc. But these experimenters seem not to have

conceived the idea of polarizing these forces, thereby changing their *static* to dynamic conditions, nor of testing their action by noting their effects upon the forces of the brain and nervous system, as indicated by changes in the action of the heart and vascular system. This we regard as the *key note*, for such changes are promptly produced and are very perceptible. We have labored many years in this line of study, attended with many and costly experiments, and have discovered a method of *polarizing* these forces of the different metals, thereby changing their *static* to *dynamic* forces and conveying them to the patient without the introduction of a particle of metal to the system. These forces are called into action without decomposition or consumption of material and are therefore the spiritual forces of the metals in a state of attenuation far superior to any triturations, perfectly free from all chemical conditions or the transformation of forces resulting from the process of preparation. These forces, as already observed, are closely allied to the forces of the brain and nervous system, readily affinitizing with them upon the principle of positive and negative relations producing their impressions and curative effects with a promptness wholly incredible to those who have no experience in their application. The dynamic forces of plants cannot well be tested only by their application to the forces of the brain and nervous system.

But by using heat as an exponent of force we can compare the molecular forces of metals with

gravitating force, thereby gaining some idea of the intensity of their action, I will illustrate: It is an established fact in science that the amount of heat force that will change one pound of water one degree in temperature will, if mechanically applied, elevate 772 pounds one foot high. Now, if we apply a temperature of 442 degrees of heat to a piece of block tin, its molecular force will yield and it will pass into a state of fusion. If, therefore, we multiply 772 by 442, we shall have 341,224 pounds of gravitating force as equivalent to the molecular energies of block tin. Again, zinc will fuse at a temperature of about 770 degrees. The molecular energies of zinc, then, are equivalent to a gravitating force of about 594,440 pounds. The molecular energies of cast iron are equivalent to a gravitating force of about 1,544,000 pounds; silver about 1,553,000; gold 1,556,000; wrought iron and steel about 2,160,000 pounds; platinum rises much higher in the scale. These facts in regard to the spiritual forces of metals will, we think, when properly understood, place in the hands of the medical practitioner a class of therapeutic agents far superior in their curative effects to any metallic preparations now known to the profession. This opinion is not founded upon theory alone, but upon actual experience in daily practice of nearly two years and in the treatment of a great variety of cases.

As an illustration of the method of preparing homœopathic attenuations Professor Phelan a few days since, in the presence of the class in the

college, prepared a series of attenuations from the 1st to the 30th. The same law holds good in the preparation of attenuations in magneto-metallo-therapy. For different degrees of intensity in polarization will establish at once the different degrees of intensity in the molecular or dynamic forces of the metals, so that we can readily produce any desirable attenuation of dynamic forces by varying degrees of perfection in polarization. This thought will readily be comprehended, by any one who is familiar with the magnet or galvanic battery. The success of Homœopathy is not dependent upon the stupidity of its advocates, but upon the development of an interior perception sufficiently fine to grasp some idea of the laws governing material and spiritual forces and their relation to each other. It is well known to intelligent homœopaths that some remedies have wide range of action in relation to the forces of the human system. It is even so with the forces of some of the metals. We have found that the forces of iron, copper and steel exert a powerful influence over the heart and vascular system, and in *sensitive* persons, will in from two to six minutes produces a change of ten to twenty, and even thirty pulsations of the heart to the minute. This will suggest an appeal to the physical forces of the system, while the forces of silver and gold produces very different impressions upon the forces of the brain. These are also very prompt in their action, producing a very sensible impression upon some patients in a few moments. These

metals appear to affect the spiritual forces more than do the forces of the crude metals.

We are really of the opinion that when these discoveries are understood by the leading minds in Homœopathy, those whose perceptions are sufficiently developed to comprehend the real philosophy of high attenuations and their spiritual forces, will find here a new class of therapeutic agents of great value to the profession. These forces must be tested with the same scrutinizing attention that is brought to bear upon other homœopathic remedies. They will then be added to our materia medica and be taught in our colleges, as other branches are taught. They will be found to be as much more prompt in their curative effects as their molecular forces are superior to those of plants.

CHOREA CURED WITH STRAMONIUM. By C. Schumacher, M. D., Norwalk, Ohio.—On Nov. 2, Mrs. R. consulted me about her 10-year old daughter, telling me that the child had been for four weeks afflicted with the same disease (chorea) as she (the mother) had suffered from for two years in her youth. The little patient looked pale, and complained of constant headache. The mother said further that the child could not sleep, and that the convulsive motions were perceivable almost as much during the night as by day. Stramon. 6th, three times a day. Nov. 10th, general improvement, headache gone. Stram. 30th, twice a day. Nov. 20th, no more symptoms of chorea.

DEPARTMENT OF SURGERY,

J. W. THRASHER, M. D., Editor.

DRESSING WOUNDS.

There is perhaps no duty that a physician is called upon to do in which there is more clumsiness and ignorance manifested than in dressing wounds. The first thought that suggests itself to the ordinary practitioner is to get in all the sutures, and paste on all the straps he can, and then cover the whole with as much dressing as he can bind on and retain over the wound. For example: A man received a blow, causing a laceration of the scalp about three inches long; there were some six or eight sutures forcing the edges together by main strength and awkwardness; the hair had not been cut off, and a large number had fallen into the wound, and were fastened by the sutures; over this there were several thickness of dressing, etc., etc. The patient complained of heat, tightness and pain. Common sense should teach a person better than such an ignorant, reckless treatment. Cutting off the hair and thoroughly cleaning out the wound should suggest itself to any one ever so void of a knowledge of surgery. The next should be how to keep the edges of the wound approximated without the least possible irritation, with this object in view,

the suture will be the last means sought for. And not only in scalp wounds is this true, but in any kind where the adhesive strap is capable of retaining the parts in their right position. Adhesion is much more rapid, inflammation and its complications less liable to attack the parts. Physicians who use sutures in all cases will be pleased to see how easily an extensive wound may be controlled and brought to a favorable termination without a suture. Of course there are exceptions to this rule, as in stumps after amputation at the thigh, and similar circumstances—and here the habit of too much dressing is practiced generally. We witnessed last winter in the clinics of one of our best surgeons in this city, an amputation of the leg where there was scarcely any dressing used from first to last, which resulted in the most rapid convalesence we have ever seen, and believe the result due entirely to the rational manner in which the stump was dressed as the patient was not at all a flattering one. We have made an effort since to try a light and simple dressing, and feel safe in saying that any wound will unite more speedily and pleasantly without the amount of dressing ordinarily used.

BROMIDE OF ETHYL AS AN ANESTHETIC.

BY A. E. ROCKEY.

The furore excited by the extraordinary claims for the bromide of ethyl as an anesthetic, by Drs. Trunbul and Levis, of Philadelphia, has now in a great measure subsided, and a prejudice against its value seems imminent. It received the unqualified praise of these men, after having been used over two hundred times, and has been cast into emphatic disrepute by other operators after a few trials. The first chill to its impetus was given by Dr. J. Marion Sim's third case,* in which the fatal result was attributed to the anesthetic. Since then several fatal results have attended its use, and its ordinary effect has not been found so pleasant, as was at first anticipated.

The claims for its superiority were, that its action was more rapid, that its odor was more pleasant, that it was speedily eliminated from the system, that its vapor was not inflammable, that it was less liable to cause vomiting and that it was safer than chloroform or ether.

I have used this anesthetic in my own practice about twenty times, and have found the first four of these points amply sustained, but as to the last

*Bromide of ethyl administered forty-five minutes in Beatties operation. Patient died on second day after.

two, I have great doubt. Vomiting has invariably occurred when the administration was continued for more than five minutes. I have never had anything approaching a fatal result, nor even alarming symptoms, though at no time has its administration been continued for more than twenty minutes. The effect, however, always seems so profound that great care has been taken in using it.

Vomiting has occurred more readily in nervous patients, and in those exhausted by pain, than in the strong; indeed its action on robust subjects has always been pleasant, so far as I have observed. The conclusion to be arrived at, after consideration of its history, is, that although it has not fully justified the hope first entertained of it, concerning its agreeableness of administration and its absolute safety, it is nevertheless a valuable addition to this class of remedies; and I firmly believe that it will find its legitimate place for administration in *short operations on robust subjects*. Its effect in this class of cases is, I think, superior to that of any other anesthetic, but these are the only circumstances under which I would prefer it to chloroform or ether. The suggestion of Prof. Levis, to cause tranquility of breathing by covering the eyes and requesting the patient to breathe deeply for a minute before beginning the administration, is a valuable one for practice with any anesthetic.

DEPARTMENT OF OBSTETRICS.

Wm. C. Richardson, M.D., Editor.

POSITION IN LABOR.

At the recent meeting of the American Gynecology Society a paper was read by Dr. G. J. Englemann, of St. Louis, on the instinctive (or natural) and physiological position of woman in labor.

The author of this paper has studied his subject in the following manner:—

First, with reference to the position occupied by women in labor among nations of the past, especially those of the highest and best civilization.

Second, with reference to the position in labor among the savage races at the present day.

Third, with reference to the movements of women and the position they involuntary assume in the agonies of the last throes of labor, when, to the exclusion of every other feeling, they are controlled largely by instinct. In this work he has been greatly aided by the Smithsonian Institute and by army surgeons, who had sent out circulars to Indian agencies, etc., etc. He had endeavored to classify the different positions according to the axis of the body.

1. Standing or erect positions;
2. The inclined position and its varieties; and
3. The horizontal, or recumbent positions.

Of perpendicular position, these were the varieties: the standing, the erect, partially suspended, the erect, completely suspended, etc. Of the inclined position there were the varieties of sitting erect, the squating, as in the act of defecation, kneeling, kneeling with the body inclined forward, or with the body inclined backward, etc., etc.

Of the semi-recumbent position, it might be either sitting in that manner upon a bed or upon the floor, or in the lap of an assistant, or upon the obstetric chair, and finally the fully recumbent or horizontal position, which perhaps was rarest of all among people who are not obliged to follow the authoritive directions of their physicians.

The paper was illustrated by a large number of drawings, representing the positions assumed by women of the red, yellow and black races, together with other civilized races.

The present Peruvians follow the ancient customs of Peru, and the present Indians follow the ancient custom of their forefathers, and among both people the women, during labor, occupy the kneeling position.

It is only in Siam that the women are kept in the recumbent position, flat upon the back, the rarest of all positions during labor.

The conclusion which the author of the paper reached from his most exhaustive investigation is, that the fully recumbent position upon the back is inimical to safe and rapid labor, and that it retards labor.

He believed we should advise that, in the early

stages of labor, the woman should be permitted to follow her own instinct with reference to some general directions, and for these he would say the semi-recumbent position in bed was the one best adapted to give her the greatest assistance.

The semi-recumbent position is usually the most favorable for instrumental delivery.

The paper being before the Society for discussion, Dr. J. C. Reeve, of Dayton, O., remarked that it must be considered in two respects: first, as a study of the positions assumed during labor by women of different nations and tribes, and in that respect it was another one of the evidences of the untiring industry of its author. Taking the paper from a second aspect, he wished to object to studying the subject in connection with ordinary easy labors, and that was one of the difficulties in reaching any conclusion with reference to position, because the kind of labor could not be readily known. During easy labor women can be delivered in a great variety of positions, even the most inconvenient; perhaps varying with every tribe and nation, and perhaps nearly every woman has a different position.

Dr. Reeve therefore claimed that, instead of studying the subject, as had been done by the author of the paper, by studying the records of the ancients, examining the customs of the savages and the uninstructed [for there is no nation uninstructed, the Indians having their traditions, medicine men, etc.], it should be studied with reference to position assumed in a certain class of cases, and

that those of severe labor. What position does the woman naturally assume when she changes an occipito-posterior position into the occipito-anterior? What position does she instinctively assume when she has to mould a large fetal head to the cavity of her pelvis? It must be a position in which she can best supplement the expulsive power of the uterus, by calling into action her voluntary muscles, thoracic and abnominal. With the feet against some fixed point, the limbs partially flexed, the body in a semi-recumbent position upon the back, with the back and sides well supported, the woman is in the most favorable position to accomplish her arduous task.

Dr. Fordyce Barker, of New York, remarked that in a certain degree he must enter his protest with regard to doctrines which, without qualification, might be deduced from the most able and interesting paper by Dr. Engelmann. Most of us were early taught to place the woman upon her left side during labor, but that position he early learned to abandon, and for more than thirty years he had allowed the woman to assume any position which her instinct directed, and had conducted his examination in whatever position the woman may choose to assume. But he wished to ask whether science is not above instinct in preparing a woman to go successfully through labor? It is not simply the question of aid given to the expulsive efforts of the uterus by the thoracic and abdominal muscles; but it often becomes a question of the greatest importance, in what direction shall those forces be ap-

plied? For example, the different degrees of obliquity of the uterus, also the different kinds of obliquity, require different positions of the woman in order that her expulsive powers can be used to the greatest advantage; and he did not believe that the instinct of any woman prompted her to take a position upon either the right or left side, according as a right or left obliquity of the uterus might be present.

PROBES, DILATORS, AND APPLICATORS MADE OF THE ROOT OF THE COMMON SLIPPERY ELM.

At a late meeting of the Obstetrical Society of New York, Dr. Skene remarked that, at the suggestion of Dr. Tuckerman, of Iowa, he had occasion to use the root of the common slippery elm for probes and dilators in gynecological cases, and that he had been very much pleased with the instruments. The root had a uniform thickness, and by taking different sizes, probes of different sizes can be obtained; and one special advantage was that instruments of any size could be secured with the greatest facility. The root can be cut at any length desired, the end rounded, and is used with the bark on. When used, the piece is dipped in

warm water for a few minutes, when it will be found to be sufficiently flexible and so mucilaginous that it can be passed with the greatest facility into either the cervix or the urethra. He had been able to dilate the urethra, by the use of these dilators, with more facility and less damage to the mucous membrane than with any dilator he had ever employed. The difficulty with all other probes and dilators was that, when passed through a small canal especially, the lubricating substance was removed, so that they did not maintain a smooth surface. The root could be used as an applicator by first dipping it in warm water, and then into whatever substance was to be applied, when, for all practical purposes, a sufficient quantity would adhere to the surface. Their flexibility is about the same as that of an ordinary English gum-elastic bougie.

ADDRESS TO THE GRADUATING CLASS OF THE HOMŒOPATHIC COLLEGE OF MISSOURI.

BY PROF. J. W. THRASHER.

Gentlemen of the graduating class, it is with pleasure, that I welcome you this evening, as one of our craft, to the high position of physicians and surgeons. You have honorably won your titles, and have applied yourselves well, and have made the best of your time. You have plodded along faithfully, and grappled heroically, with your different studies, notwithstanding their greatness, and seeming driness, you have been untiring in your efforts, and, as a reward for your labor, you have had conferred upon you to-night the highest honor that rests with any medical college to confer—the title of Medical Doctor. You have looked forward to this hour with a great deal of interest. It has been the goal where all your ambitions have centered, and as industrious students you have considered this epoch in your history the zenith of your ambitions and your lives. It is only a stepping stone to a medical education and a successful medical career, you have entered, but upon the morn of your medical studies; it is but a ray of light, and only by your future study and indefatigable efforts that you are to emerge into the noon-day sun and revel in the glittering fields of science. A physician can only make for himself a brilliant reputation step by step. Success is not the result of luck, so-called, or a miracle. It is the result of industry and perseverance. A reputation and a triumphant future will depend upon the same kind of effort and zeal that has crowned your labors to-night. This is the only course by which a man can make himself felt in the community in which he lives and the world at

large. Nothing but a thorough work will do, all else will fail you. The superficial man is like the morning glory, which is so beautiful in the morning, but blighted and faded by the heat of a single day. Some men are like the cinnamon tree, the bark is all its worth, and their clothes is all there is in them. An educated man is always the industrious man, he does not impress those with whom he comes in contact by his pretentions, but by his ability. It is not the individual who prates about his superior knowledge that is the worthy man. Whenever I hear individuals boasting about their extraordinary culture, their symptoms lead me to diagnose their case as a severe and chronic attack of fraud, and only excel in their own estimation. Scholars never boast they have a consciousness of their power, the superficial man has only his boasting as stock in trade. Real worth is always in demand. Though it may seem tardy in being apprehended, it is sure to be realized. The public is a merciless and thorough judge, and will put every man into the scale and ascertain his correct weight. For a while he may flourish and pass his counterfeit for a legal tender, but sooner or later he will come to grief on the shoals and breakers of public indignation. You have only learned how to study here, as our materia medicist has well said so many times, that you were not expected to know materia medica in two or three short terms of five months each, but to prepare yourselves to study and apply your knowledge at the bedside. That same trite saying holds good in all the branches of your studies, from your ponderous anatomy to the simplest disease in the catalogue.

We have now finished our pleasant and profitable term, we have borne with each other's eccentricities and formed a friendship that will be abiding, and are to separate, each proceed to his respective field of labor. Some to

climb the ladder of fame and success, others to be less fortunate. You are now to ply your knowledge in relieving the sufferings of humanity, your responsibilities will be graver, your relations to your fellow-beings will be of the most intense character. Human life will depend upon your knowledge of the healing art. The physician should be the greatest benefactor of his race He sustains a relation of the most intimate and sacred type, and he who trifles with those interests is a low, base and vile wretch. He is the first to take the little stranger by the hand and introduce him into this world, and the last to stand by his dying couch and relieve him in the agonies of death. A physician should be the representative of nobility of character and kindness. Do you wish to excel as physicians and philanthrophists? Then do as our Professor Phelan has so wisely taught you: "Follow Hahnemann." You have had the principles of the true healing art presented to you, without mixture or alloy. There is not a chair on materia medica in any college, in this or any other country, more ably filled than in this college. Let the principles of homœopathy be your guiding star. Hoist your banner aloft bearing the immortal motto, "*Similia Similibus Curantur.*" Force it on into the thickest of the battle, until it floats majestically over the strongholds of empiricism and irrational medicine, and with your principles practiced and bravely defended. We feel safe in writing across the face of your banner, in blazing letters of light, the Latin inscription, "*In hoc signo vinces,*" "In this sign thou shalt conquer." You may expect opposing forces, all the allied powers of allopathy, quackery and ignorance will be arrayed in battle against you But if you are true to your trust, the shout of victory will be heard all along the lines. You have truth and right upon your side, and these are mighty

and will prevail. As you go out from these halls I can assure you that you go with the benediction of this faculty. We will look upon your struggles with interest, rejoice over your victories and regret over your reverses; and as you move on through life, strive day by day to leave a legacy behind you better than silver or gold—which will be the blessings of your patients and a good name. And by so doing your lives will be sublime, and final reward eternal repose. Gentlemen, on behalf of the faculty of this college, I bid you *au revoir*.

CASES FOR ADVICE.

Nervous Pains.—A miss 16 years of age. A blonde, light hair and complexion, with eyes of pale blue, medium height, full figure, for a year and a half treated by a number, some of them quite eminent, O. S., M. D's, for "neuralgia of the sensitive nerve." Their, the O. S. M. D.'s, diagnoses were all the same, so it is fair to presume their treatment would be nearly the same. The case as I found it about the middle of February, was as follows: to look in her face, and hear her talk on ordinary topics one would not suppose she ever had cause to complain of pain, and yet she assured me that she was never for a moment free from pain in her fingers, hands, arms, chest and sometimes the same pain extends down her extremities even to her toes, there was not a tremor of the voice, no nervous twitching of the face, which was slightly flushed, her lips a healthy red, tongue a good color and healthy appearance, respiration, temperature and pulse all normal, Menstrual functions perfectly estab-

lished and painless. The family occupation is farming, they are very regular in habits, with scarcely a moment's variation: morning rising, meal taking, and retiring for the night, the year round. Surroundings are pleasant and healthful, the water in this vicinity is off the lime-stone rock and deposits a shelly crust on vessels in which it is left standing but a short time. All persons who drink of this water for a little time are afflicted with renal difficulties. Miss C..... has a little trouble in that respect. I have seen this patient twice each week, I should have also mentioned that she was suffering from pains in the stomach during and after eating and that she slept little; her nights, as she expressed it, "were full of pain" sometimes in her stomach, occasionally in the small of the back a "thumping" and always that pain in hands, arms, etc.

So much pain as to make her moan and weep. Some of the most venerable in years of the allopaths that had "treated" her, had given her much encouragement that she would outgrow "it," as she was so young. The last medicine procured for her before calling me to the case, appeared to be strong solution of chlorate of potassium in one bottle to be taken after meals, and an acid, acetic, I think, in another. There were equal quantities, about four ounces each, all of which she was to take in tea-spoonful doses, time as above, and put a firm trust in Providence and a fee of two dollars for the physician. The camel's back was broken. She had not suffered with her stomach until she began on that medicine, and she utterly refused to take it. I began with sulph. 30th followed with puls. 30th, nux vom. 30th; puls. every three hours, nux vom, on retiring at night. In two weeks she could eat without pain and sleep well at night, by the first of March the pain remains unchanged; cannot trace it to any particular time or event except, perhaps, slightly

overheating in harvest June 1879. She has had aconite and bry. 3rd, in alternation, ignatia am. 30th and spigelia each a week without any change whatever. Perhaps I should have stated that place the finger on the veins anywhere and there is quite a perceptible little throb against each side of the finger upon the slightest compression and the flesh has a peculiar hard feeling, not elastic or impressible but resistant and unnatural. An application of the Leben's wecker without the oil left little dark blue points; an application of the oil raised watery vesicles. Is this girl suffering from the nerves or the veins? I am inclined to think the latter. Will you please suggest me a remedy for the case. M. A. CANFIELD.

Answer.—In treating this case, I should first endeavor to ascertain the cause of these pains, by tracing the nerves distributed at seat of pain to their origin, as there may be some spinal difficulty. At any rate there must be some cause for these pains, and the sooner this cause is established, the better for the patient.

This difficulty may have established itself with the setting in of menstruation, consequently I should suggest calcarea phosphorica 200th or higher. Calcaria phosphorica has the above symptoms.—THOS. MATHISON.

SPRAINED KNEE.—I have a patient, age 24. About three years ago he got his knee twisted and has since hurt it several times, it does not pain him when he keeps quiet but is very tender to step, can bear scarcely any weight, is tender to touch it, the knee-pan is all right, the knee is not stiff, health fair, all organs normal.

If you will give me advice on this case I will be much obliged. G. S. ROBINSON, M. D.

Answer.—Place the knee in a position of rest and give *Bry.*—THOS. MATHISON.

ALBUMINARIA.—Please suggest a remedy for albuminaria in a little girl three years of age, the third and only living child, the two former having died of brain disease; the father now suffering renal disease: the child is a fair delicate little creature, she was very frail all last summer.

C.

Answer.—For this case I should suggest *Apis* 200th or higher, as the appropriate remedy, but should look for concomitant symptoms to confirm me in my selection, as for instance: œdematous swelling of face, puffiness about the eyes, and other *Apis* characteristics. I should also consider *Calcarea phosphorica*, especially from the fact that the two previous children died of some brain affection, but would look out for some leading indications, and having decided which remedy to give, administer it.—THOS. MATHISON.

Book Reviews.

SURGICAL THERAPEUTICS. By J. G. Gilchrist, M. D.

We are in receipt of Prof Gilchrist's book at last, and have read many of the chapters with profit and delight. The book is gotten up in good style, which speaks well for the enterprising firm of Duncan Bros. It is printed on good paper, and a good plain type used. It is well indexed and the subjects judiciously arranged for convenience and study. And better than all, it is ably and elegantly written. There is an air of freedom and familiarity running through each subject which impresses the reader of the power the author displays from beginning

to end, and inspires confidence in the work. A physician interested in homœopathy and the treatment of surgical diseases, cannot help but hail this work with delight and consider it a necessity and a welcome acquisition to homœopathic literature. The doctor wields a modest but bold pen. The book is not a compilation as too many of our works are, but original and full of new thought and investigation. By the use of this book the surgeon can find assistance in his diagnosis and a strict homœopathic medication without perusing a ponderous volume on general surgery. How often a doctor picks up a book with the hope of gaining light on the subject in hand, only to result in failure and disgust, with books and book makers, of which there seems to be an epidemic prevailing at present. As an illustration of the author's manner of diagnosis, we might refer the reader to tumors, hemorrhoids, coxalgia and syphilitic affections, which is not an echo of old exploded ideas, that are worn thread-bare by repeated publications, but is easy, original and practical. The distinction of different forms the disease may assume and the table of differential diagnosis are alone worth the price of the book. We have no hesitancy in pronouncing it the best publication in any school of medicine on Surgical Therapeutics, and no surgeon who wishes to be efficient in his profession can afford to be without it. It is a work of 580 pages, and the only fault we find in the book is that it is too good a one to be bound in cloth. J. W. T.

AMERICAN MANUAL OF PARLIAMENTARY LAWS. By Geo. T. Fish.

We are in receipt of the American Manual of Parliamentary Law, by Geo. T. Fish. This work is a new compilation, the result of experience combined with a critical and scrupulous examination of American writers

on the subject. It has our hearty approval, and we do not hesitate to pronounce it the most conveniently arranged book of the kind published. Apropos of this, it might be a good thing if the officers and members generally in medical societies would post themselves a little better as to parliamentary laws, and by so doing avoid the loss of much valuable time frequently witnessed as the result of ignorance on this subject. W. C. R.

Managing Editor's Easy Chair.

CONTRIBUTIONS.—It is our desire to have the COURIER freighted each month with short practical articles, such as will prove not only interesting but useful in every day practice to the busy physician and surgeon.

To this end we solicit from our subscribers and friends short articles, reports of interesting cases, news or information of any kind, that may be of interest to the profession at large.

If you have an interesting or unusual case, do not keep it to yourself or at most tell it verbally to your immediate neighbors, but put it in writing, send it to the COURIER, and it will be recorded for the benefit of hundreds of your fellow-practitioners.

Do not hesitate or procrastinate about this: it is a duty you owe to the common interests of the whole profession to contribute your share, be it great or small, to the advancement of our noble science. This request is intended for each and every one who reads it. All have an invitation to come forward with their contributions.

EXTRACTS.—With the next issue will be commenced a department of extracts from current medical literature. It is intended that this department in the COURIER shall be replete with information culled from all sources, and, in fact, will present the cream of the freshest medical news.

QUESTIONS AND ANSWERS.—At the solicitation of subscribers we shall allow space hereafter for questions and answers, thus making the COURIER a means of communication between those in need of aid and those willing to give it. Dr. Thos. Mathison, Professor of Therapeutics and Materia Medica in the Homœopathic Medical College of Missouri, has kindly consented to take charge of this department. Any one desiring advice should forward a brief statement of the case, including the history and symptoms. The appropriate remedy will be given in the next issue of the COURIER after the request is received.

HOCUSPOCUS.—Until the close of 1880, Mr. Luyties, the well-known pharmacist, published a monthly circular called the *Homœopathic News*, containing his advertisements and some medical clippings or extracts gathered from the various journals by Dr. Goodman.

Early in 1881 Drs. Goodman and Taylor issued the *Medical Herald*, claiming that it was the *News* in all but the publisher and name, which had been changed.

A few weeks later the *News* made its usual appearance, which looks bad for the *Herald* and Dr. Goodman, whom we fear has been turned aside from his usual straightforward course by the example of association with certain college professors, who withdrew from an old and cherished institution, started a new one, claiming it was the old in all but the name. These actions will not meet with the approval of the profession.

If anything new is to be started let it be on its merits, and not clinging, like a barnacle, to something that the projectors claim to have no more use for.

The truism that it is best to be well off with the old love before being on with the new, has lost none of its force.

The removal of Cæsar did not destroy the Roman Empire, but the sight of his dead body aroused and incited its friends to renewed allegiance and fidelity.

The withdrawal of an editor from an established journal, or a few professors from an old college, is not likely to result in any especial harm, and frequently effects much good.

HOMŒOPATHIC MEDICAL COLLEGE OF MISSOURI.—The twenty-second annual commencement exercises of the Homœopathic Medical College of Missouri were held Wednesday evening, March 3rd, at the college on Ninth and Madison streets. The college was first organized in 1857, but during the civil war its operations were suspended for some years. It resumed at the close of the war, and the number of students, although small at the time, has steadily increased. The curriculum of study being more severe than in former years and the qualifications needed by graduates being on a proportionate scale, the number of graduates was smaller than formerly, considering the size of the classes. A select audience was present, a large number of whom were ladies.

The Faculty consists of Drs. Phelan, Richardson, Kent, Thrasher, Conzelman, Boyd, Stevens, Brown and Mathison.

The graduates who were awarded their diplomas were: L. P. Harris, W. W. Gamble, Clarence C. Baker, E. T. Harding, S. W. Meineke, J. C. Bridges, J. W. Dickey, D. M. Bennett and J. F. Brown. In addition several *ad eundem* degrees were conferred.

The exercises included the following programme: Prayer, Rev. Dr. Schofield; music; report of the Registrar, Prof. J. T. Boyd; music; conferring degrees, by

the Dean, Prof. W. C. Richardson; music; valedictory, Prof. J. W. Thrasher; music; benediction, Rev. Dr. Bounds.

The Registrar, in making his report of the session just closed, stated that the class was an average one, as to size, and a superior one in point of zeal and attention to any that had heretofore attended the old school, which could boast of so many illustrious names in the list of her alumni. His report further showed that all discordant elements had been removed, and that the Faculty had never, in the whole history of the past twenty-four years' existence of the college, been so harmonious and earnest in their work. Over *eight hundred* lectures had been delivered, and the class had witnessed in the daily clinique in the college and the amphitheater of the City Hospital an unusually large and interesting number of surgical, obstetrical and gynæcological operations.

The Dean, Dr. Wm. C. Richardson, before conferring degrees on the successful candidates, said that in the whole time of his connection with the College covering a period of over a decade and a half, he had never felt so encouraged at the prospects of the school. By his side on the rostrum were members of the Faculty who had worked with him for years in the most zealous and untiring manner for the maintainance and perpetuity of the grand old College that had the honor of being the first Homœopathic Institution ever established in the great empire west of the Mississippi River. The false friends and would-be destroyers of the school had all withdrawn, and he looked forward to a new era of prosperity and usefulness.

At the annual meeting of the Board of Trustees, March 7th, all the old officers of the Board and Faculty were re-elected to serve another year. Votes of thanks were tendered to Prof. Boyd and Dr. Brown for the

especially able course of lectures they had each delivered, and Dr. Brown was promoted from Lecturer to Professor of Diseases of the Eye and Ear.

Elsewhere will be found the valedictory address of Prof. J. W. Thrasher.

THE PREVALENCE OF LEPROSY IN THE UNITED STATES.—At the meeting of the Academy of Medicine, on January 20th, Dr. H. G. Pifford read a paper on leprosy. In this paper and in the subsequent discussion, some facts of much interest, and perhaps of great importance, were brought out. From the statistics collected by the Dermatological Society, it appears that there are between fifty and a hundred lepers in the United States at present. Moreover, an examination of the tables shows that this number has been constantly increasing every year. In view of these facts the question of the contagiousness of leprosy is a most important one, and it was discussed very carefully by the reader of the paper and other gentlemen present at the meeting referred to. Dr. Piffard was inclined to believe that, though not contagious in the ordinary sense of the word, it might be so through the medium of the blood or secretions, as in the case of syphilis. Furthermore, it was a well-established fact, that when leprosy had once gained a foothold in any community it was very sure to spread in some way. A marked illustration of this was to be seen in the Sandwich Islands. Forty years ago there was no leprosy there; now one-tenth of the inhabitants are lepers. Honolulu, a place once entirely free from leprosy, now has two hundred and fifty cases of the loathsome disease.

This view, that leprosy once established in a place spreads in some way, was agreed to by all the speakers, and there is little doubt that it is the actual fact. In view of it and the loathsome nature of the malady, we may well inquire whether some steps to limit the increase and to prevent the introduction of leprosy shall not be taken. Only a short time ago a number of Chinese lepers were returned to their native country by the health authorities of San Francisco. It is the Chinese who introduced leprosy into the Sandwich Islands, and who are respon-

sible for its spread in other localities. We are constantly exposed to the infection, therefore, on that side of the country, and we are somewhat exposed also, on the east, from cases in the West Indies.

Leprosy is a constitutional affection which shows itself in three different forms; the macular, tubercular, and anæsthetic. These are usually associated together, more or less, but one or the other predominates.

The disease has usually a prodromal stage, which may last for years without causing any very marked symptoms. In time, however, certain reddish brown maculæ, which are hyperæsthetic at first, but are not elevated, appear. The hyperæsthesia is gradually replaced by anæsthesia. Tubercles soon develop along with the maculæ. The favorite seat of these is on the face, but they may appear on other parts of the body, especially the forearms and legs.

These tubercles are hard, elevated portions of the skin. They may eventually ulcerate or remain unchanged, or even disappear in part. The chief cutaneous lesions are bullæ, which may rupture, and leave sores. The extremities are especially affected; here ulcerations may develop, and the hands or feet drop off. The prognosis is unfavorable, though there are probably some cases thas have been cured.

The immediate causes are not known. Hygienic and climatic influences do not seem to be the cause, for the disease exists in Norway and Iceland, as well as in the tropics.

SOCIETIES.

THE INTERNATIONAL HOMŒOPATHIC CONVENTION.—Dr. Edward Hamilton, of London, has resigned the presidency of the Convention to assemble in London on July 11th, 1881, and Dr. Richard Hughes has been appointed in his place. The many American physicians who met Dr. Hughes at the Philadelphia Convention, in 1876, will be glad to see him occupy this position and those who know the active interest he has exhibited in it from the first, and the amount of work he has already bestowed upon it, as well as his great professional and executive ability will recognize the fitness of the making

him its president. The Convention promises to be one of unusual interest and importance, and it will be a favorable time for our American brethren to visit England. Suitable and extremely advantageous arrangements have been made with the principal steamship lines for the conveyance of American visitors to and from the convention. There will be ample time between the adjournment of the Session of the American Institute and the meeting of the International Convention for those who desire to attend both. I. T. Talbot, M. D., No. 66 Marlborough street, Boston, chairman of committee of arrangements, will give any further information that may be desired.

HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF OHIO.—The Seventeenth Annual Session of the Homœopathic Medical Society of Ohio, is to be held in Toledo, May 10-11. The coming session promises to be one of the most interesting and profitable ever held by the Society, as they have the promise of a large number of papers from noted physicians of the State and the prospect of a large attendance, not only from their own, but from neighboring States.

WORLD'S HOMŒOPATHIC CONVENTION, 1876, VOLUME II., HISTORY.—We are desired by the editor to state that the above book is completed and has been sent out. If any one entitled to receive a copy has not done so he will please notify Dr. J. C. Guernsey, 1923 Chestnut Street, Philadelphia.

HOMŒOPATHIC MEDICAL SOCIETY OF NEW YORK.—The Treasurer, Edward S. Coburn, M. D., 91 Fourth Street, Troy, N. Y., writes as follows:

Dear Doctor: We are about to issue Volume XVI (1880 and 1881), of the Transactions of the Homœopathic Medical Society of the State of New York. The volume will contain between four hundred and five hundred closely printed pages, and, in point of literary and scientific merit, will fully sustain the reputation of its predecessors. It will contain the proceedings of the semi-annual meetings held in Rochester, in September, 1879,

and in Brooklyn, in September, 1880; and the annual meetings held in Albany, in February, 1880 and 1881. The price will be one dollar and a half ($1.50) per volume in paper cover, and two dollars ($2.00) per volume in cloth cover.

The table of contents, which we have glanced over, shows that this will be an unusually rich volume and well worth the price asked for it.

PROF. DOWLING, of New York, president of the Institute and chairman of the Executive Committee, to which was referred arrangements for the time and place of the next meeting, announces that it will be held at Brighton Beach Hotel, commencing June 14, and lasting four days. Brighton Beach is located directly upon the ocean, within a few miles of the city of New York. The president trusts and believes this will be the largest and one of the most interesting meetings of the American Institute of Homœopathy ever held.

PERSONALS.

Prof. J. T. BOYD has removed his office to 2132 Clark ave., and hereafter, in addition to his general practice, will pay especial attention to disease of the chest, including the respiratory and circulatory organs. Dr. Boyd being on the editorial staff of the COURIER, it is not becoming for us to say more than that he is an indefatigable worker, ripe in experience, and peculiarly qualified for his' chosen specialty, in which we bespeak him unbounded success.

Dr. RALPH L. PARSONS has opened at Greenmont, N. Y., an institution for mental and nervous cases. The design is to afford a quiet, luxurious home, where each patient will enjoy all the amenities of a well-ordered family life and at the same time receive constant and judicious care and treatment, under more favorable conditions than it is possible to attain at the patient's own home.

Dr. W. JOHN HARRIS, having returned from Europe, has removed his office to No. 3045 Easton avenue. Consultation hours till 9 o'clock A. M. and from 2 to 4 and 6 to 8 o'clock P. M.

The Homœopathic Courier.

VOL. I. MAY 1881. NO. 5.

Department of Theory and Practice.

J. T. BOYD, M. D., Editor.

FUNCTIONAL DISEASES OF THE HEART.

Like all other muscular tissues, the heart is liable to have its function disturbed by sympathy or nervous influences, or more properly by reflex action.

Frequently this disturbance is the result of diseases remote from this organ. Sometimes alarming symptoms are present, leading the physician and patient to believe that there is some organic incurable disease existing, and the patient is led to expect sudden dissolution at any time; thus he is kept constantly in the bondage of the fear of death all his life.

To be able to distinguish between organic diseases of the heart, that are always dangerous, and seldom influenced by medicinal treatment, from those that are purely nervous or sympathetic, and that are easily removed by the appropriate remedies, is a matter of the utmost importance.

To aid the young physician in diagnosing these different forms of disease is the object of this article.

Functional or sympathetic diseases of the heart, fortunately are much more common than organic diseases.

"The functional disturbances of the heart is extremely protean in its character; sometimes it is not sufficiently defined to admit of classification as a distinct symptom, or group of symptoms; at other times, the nervous disorder is perfectly well marked, and retains its character for a long period. As a general rule we apply the term nervous disorder to many different states."*

"The nerves of the heart, as of every other organ, may be affected in two ways: They may labor under over-excitement, dependent either upon diminished irritibility or inadequate stimulation. These states when existing in a moderate degree, cannot strictly be considered morbid. Thus palpitation from exercise or from an exhilirating passion, do not rank as diseases. But when the states in question exist in excess, and when they result, less from remote sympathies, than from primitive affection of the nerves of the heart itself, they constitute disease. Of these, the state of over-excitement, comprises *Neuralgia of the Heart;* or *Angina Pectoris* and *palpitation;* while the state of deficient excitement presents *syncope.*" †

In considering this subject, we will examine the different phenomena present in functional disease of the heart.

PALPITATION.

This may exist in both organic and functional diseases, but is most common in functional diseases, and may be the result of the immoderate use of tobacco, coffee, excess of venery, masturbation, or from dyspepsia or deranged digestions; or in females it may be sympathetic from some uterine disease; and in all cases where this

*GERHARD, on the Chest.
†HOPE, on the Heart.

phenomenon is present, a close examination of the other organs of the body should be made, and the habits of the individual carefully inquired into, and most frequently we will find that there is a good cause for this symptom, other than organic disease of the heart itself. Palpitation is symptomatic of diseases in other parts of the body, and may also be a symptom of organic disease, so that taken alone, it is not reliable as a diagnostic sign.

In hypertrophy of the heart, the action is over a much greater space of the chest, a sort of lifting of the thoracic walls. In palpitation, the heart strikes quick and gives the sensation of a small body striking the chest.

In some cases the subjective symptoms are very peculiar, while the chest heaves with the hypertrophied heart, the patient is not aware of any abnormal action. Again in some cases of symptomatic palpitation, the patient complains of an undue action of the heart, and has the sensation of a heaving motion when the objective symptoms do not show it; this generally occurs in nervous irritation, and in anæmic patients.

"Palpitation may be distinguished from that of organic disease of the heart, by the palpitation occuring only occasionally; by its not being excited, but on the contrary, relieved by corporeal exercise of such a nature as would certainly disturb the action of a diseased heart, by its disposition to supervene while the patient is at rest, especially at the commencement of the night when he lies wakeful in bed; by a fluttering of the epigastrium; by the general prevalence of nervous symptoms; by the affection being aggravated, when the nervous symptoms undergo an exacerbation; by the pulse and the action of heart being natural during the intervals between the attacks, and by the absence of valvular and aortic murmers, and of undue impulse, the shock, as Laennec

says, even when it at first appears strong, having little real impulsive force; for it does not sensibly elevate the head of the observer."

"It must be recollected, that in every organic disease of the heart, when palpitation becomes extremely violent and prolonged, both the impulse and the sounds may be diminished; in other words the heart becomes gorged, and incapable of adequately contracting on its contents, sometimes yielding a struggling convulsive impulse, with little sound and a feeble pulse, and in an ulterior degree, especially during dissolution, scarcely producing either impulse, sound or pulse. Suffocative dispnœa, lividity and extreme distress are always concomitant symptoms."*

"*Irregularities* in the pulsations of the heart may exist without palpitation. In old persons this is often met with without any perceptible alteration of the general health. The irregularity which occurs in palpitation, consists usually in mere variations in the frequency of the heart's pulsation. Sometimes this variation is almost constantly recurring; at other times it is at long intervals, and consists only of a few contractions longer or shorter than the rest. Sometimes, amid a series of pulsations, very unequal among themselves, a single one will occur one-half shorter than the rest. These irregularities as to frequency, take place most usually in persons affected with dilatation of the heart. Sometimes after a long succession of regular contractions, we observe only one or two long contractions of the ventricles, to two contractions of the auricles. I have only observed them in cases of hypertrophy. Neither this or the preceding variety, occasion any sensible alteration in the pulse."†

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*HOPE, on the heart.
†LAENNEC.

SYNCOPE.

"Some who experience fits of Palpitation, faint away during them. But the complete, or almost complete suspension of the movements of the heart which characterizes an attack of Syncope, has no deffinite connection with any form of palpitation, nor, indeed, with any form of cardiac disorder, whether organic or functional."* While this is sometimes the case, yet this assertion of DaCosta is entirely too sweeping, for syncope is frequently connected with organic disease of the heart, and in such cases it becomes a very important and dangerous symptom.

Hope, in his work on diseases of the heart, mentions this as follows, viz:

"Syncope, though free from danger when purely nervous, is a formidable accident when accompanying organic disease of the heart, as it is apt to terminate in sudden death, being in fact, less the cause than the symptom of a fatal suspension of the circulation. This catastrophe is more liable to occur when *angina pectoris* is superadded to organic disease; in consequence, apparently, of the lesion being double, the motive principal as well as the muscular apparatus of the heart being inadequate to the discharge of its function. Sudden death is also apt to occur from syncope of anæmia, especially when the patient is suddenly raised erect."

"It has been made a question whether, in those who are subject to attacks of palpitation, or to irregular action of the heart, the organ may not finally become enlarged. There seems to be no reason why this should not take place, and there is a very decided reason why it should. If the muscles of the arm be placed in constant and very

* DA COSTA.

active motion, they increase in size. Why, then, may not the heart, which is composed of the same kind of muscular fibre, also grow, if it be often called upon to act more frequently, and in a different manner from that to which it is accustomed? Hence we ought to be very careful not to neglect any functional disturbance of the heart, but aim at removing the condition which keeps the organ in a state of irritation, lest it should suffer a mishap that no exercise of skill can wholly repair." *

Changes in the Pulse. In functional disease the pulse may be frequent but soft, irregular and of ordinary hardness. In hypertrophy the pulse is strong and hard, not easily compressed.

In ossification of the mitral valves there is a weak or feeble pulse.

In dilatation of the heart, the pulse will be full, soft and tremulous and easily compressible.

In anæmic persons with the palpitation there is a jerking pulse.

Auscultation would at first thought be considered a sure method of diagnosis but while very important aid is furnished by this part of physical, diagnosis yet too much care cannot be taken in listening to the sounds of the heart.

Generally the sounds of the heart in functional disease are normal, except in regularity; but in cases where the patient has suffered from hemorrhages or has become anæmic, we will be likely to hear the rasping or saw sound, sometimes a distinct bellows murmer, and at the same time discover the purring thrill† by palpation; but these are exceptional cases, and the weight of the testimony being in favor of the functional character of

* DA COSTA.
†Premissement Catalre (purring of the cat) Andral.

the phenomena, and the existence of other diseases that lower the standard of physical and mental health, determining in favor of the condition being symptomatic; all these auscultatory signs will have their proper significance.

(CONCLUDED IN NEXT NUMBER.)

ABSTRACT FROM CURRENT MEDICAL LITERATURE.

Our allopathic brethren come lumbering along behind us; camping where we have camped years before. It is amusing to see them gathering up the odds and ends that have been discarded by those who camped there before them, and occasionally they do pick up some valuable articles. Their caravan is a mingled conglomeration of old and new fashions. There is the old wooden plow, the ox and the horse hitched to the same old conestoga wagon, with a mule in the lead. On one horn of the ox hangs a horse shoe picked up on the old camp ground, while the harness is part rope and part leather, the driver with one shoe and one cavalry boot on his feet, with an old blue dress coat, and with pants half a yard too short for his attenuated legs. Altogether the whole caravan is a panorama of all that is incongruous in dress and general appearance, while the ludicrous crowd that follow, put on the pompous appearance of the regular soldier, but rigged out like Falstaff's motley crew, and swearing all the articles that they have gathered up in their travels were the original outfit with which they started.

The following will show some of their wonderful recent discoveries, which, had they read Homœopathic books, they would have found that they are only following in the wake of those whom they affect to despise.

In the following extract, we are not expected to endorse all the opinions there expressed, but publish them because in some of them we find indications of progress in our allopathic brethren, and useful hints from our homœopaths; in all there is something useful and interesting.

NITRO-GLYCERINE FOR SEASICKNESS.

A writer in the *British Medical Journal* says: An invitation from a friend to join him for a little yachting expedition has given me an opportunity of trying nitro-glycerine for preventing and relieving the horrors of sea-sickness. Our course was down the Thames, in and out of Ramsgate, and as far south as Dover, in a small cutter of twelve tons. Returning from Dover, early in the morning of Monday, August 30, with a northeast breeze, wind against tide, in the Downs we had a good deal of swell for our little craft, and she dipped her bows frequently. We had not reached the South Foreland before I began to feel a certain amount of squeamishness and nausea. Dreading the retching on an empty stomach (we had hoped to breakfast on the way or after our arrival at Ramsgate), I munched up a nitro-glycerine tablet containing one hundredth of a grain. In a few minutes I felt the fullness and throbbing in the head, which even this dose will cause; the nausea and tendency to sickness quickly subsided; there only remained a qualmish feeling at the pit of the stomach, which did not entirely disappear until we reached Ramsgate Harbor and had breakfast. My friend, who had noticed my condition, had his two boys on board, aged seven and eight respectively. The elder was sick early in the voyage, and both felt ill. He gave them each one-third of a tablet, which had the desired effect; they soon recovered their usual spirits, and were able to enjoy their breakfast on board at our destination. Next morning (Tuesday) we breakfasted before starting. The sea was calmer as we left Ramsgate, but as we rounded the North Foreland there was considerable swell on, about equal to the day before. The two boys and myself repeated our doses of nitro-glycerine earlier on this occasion, as we could see what was coming. We thus warded off any traces of nausea even. We lay off Whitstable that night. Next morning (Wednesday) we got up as far as Southend and anchored near the jetty. To-day (Thursday) my friend's wife and her sister joined us for a sail up the river and back with the tide. Both are bad sailors and soon felt nauseated. They tried a little spirit and water, and afterward I gave each half a nitro-glycerine tablet. On one the effect of the dose was

quite marked. Her sister, although much slighter and more delicate, did not observe its physiological action, but both soon obtained relief, which they both attributed to nitro-glycerine. They were then able to enjoy some shrimps and bread and butter—eating, one of them informed me, being a feat she had never been able to perform on shipboard before. My friend's wife felt a little nausea this afternoon when we came ashore, but this was no doubt due to the overpowering heat. I had left my nitro-glycerine on board, or I might have repeated the dose; but the attack soon passed off. I think, for short journeys, an attack of seasickness may in most cases be entirely avoided by taking a dose of nitro-glycerine on going on board—one-hundreth of a grain for robust and strong adults, one three-hundreth to one two-hundreth of a grain for children or delicate persons; but further trials are requisite.

STRYCHNIA AS A PHYSIOLOGICAL ANTIDOTE TO ALCOHOL.

DR. LUTON, in the *Bulletin de Therapeutique*, claims that by frequent experiment, he has demonstrated, that strychnia is the best physiological antidote in cases of chronic alcoholism. He has used hypodermic injections of the sulphate of strychnia in delirium tremens with markedly favorable results, relieving tetanic rigidity and quieting delirium.

This tends to confirm the truth of the stories about strychnia eating in California, which were noticed in the DRUGGISTS CIRCULAR some five years since. It will be remembered, that, according to reports made in evident good faith by our correspondents, the practice was resorted to by hard drinkers, and had become almost a fine art.

Our allopathic brethren are even stealing our high dilation thunders. If *Podophyllum Peltatum* has so active a principle in it as the following would indicate, why have they not discovered its proper therapeutic properties before?

PODOPHYLLOTOXINE, A POISONOUS PRINCIPLE IN PODOPHYLLUM

The discovery of a poisonous substance in may-apple and the resin often known in commerce under the name of podophylline, will cause to many an unexpected and unpleasant impression. Dr. Valerian Podwyssotzki, Privat Docent at the University of Dorpat, announces in a paper published in the *Archiv fuer experimentelle Pathologie und Pharmacognosie*, that he has obtained the following substances from both the rhizoma and the resin of *Podophyllum peltatum.*

1. A colorless and difficultly crystallizable and very poisonous substance, 1 to 5 m. g. (one three-hundredth of a grain) being sufficient to kill a cat, of a very bitter taste only slightly soluble in water, but very soluble in alcohol, the alcoholic solution having a slight acid reaction, and which he calls podophyllotoxine.

2. By treating the above substance with aqueous ammonia or hydrate of lime, two further substances—the one crystallizable and chemically indifferent, insoluble in water, but poisonous, which on account of its intense bitter taste, he calls picropodophylline; the other, which combines with the alkali employed, and when liberated, possesses a strong acid reaction, and is easy soluble in hot water, the author calls podophyllic acid.

3. A harmless substance crystallizing in yellow needles, resembling quercetin in its properties.

4. A considerable quantity of a green oil, as well as of a crystalline fatty acid, both toxicologically inert.

In preparing the toxicologically active principles of podophyllum peltatum in a pure state, care must be taken to separate out, as far as possible, the substances 3 and 4. The author's method is as follows: Commercial or self-prepared podophylline, finely triturated, is placed in a capacious flask, covered with about ten times its volume of chloroform, and the whole digested for some time over a water bath. The chloroform is filtered off from the insoluble residue in the flask, and this treated with a fresh quantity so long as the washings come over colored, and taste perceptibly bitter; as a rule, this operation must be renewed six or eight times. The washings are then collected and placed in a distilling-vessel, and the chloroform distilled off, until the whole has assumed the consistence

of a thin syrup. The remainder of the chloroform is then expelled by evaporating over a water-bath. (If the distillation is continued too long, the tenaciousness of the mass renders its removal from the distilling vessel very difficult.) The concentrated extract is then lixiviated with petroleum ether over a water-bath until every trace of fatty matter is dissolved out. The first portions of petroleum-ether are of a deep green, the last of a light green color. During the digestion with petroleum ether, the tenacious magma swells up a good deal and requires constant stirring. In proportion as the fatty matters are abstracted, the mass gets more friable, and becomes at last a pale yellowish-grey powder. In evaporating the petroleum-ether washings a deep green oleaginous substance is obtained, from which after a time, a colorless fatty acid crystalizes out, the mother liquid consisting of a green, unpleasant smelling oil. The author has not examined the chemical nature of these two substances since he found them to be toxicologically inactive. Petroleum ether, therefore, dissolves out no active principle from podophyllum, while the chloroform extract is extremely rich in such.

The substance resembling quercetin, found in podophyllum, and which is likewise toxicologically inactive, being insoluble in chloroform, does not pass over into the chloroform extract, the extraction with chloroform and then with petroleum-ether is, therefore the best and directest way of getting at the active principles of podophyllum. The author is engaged in examining the chemical constitution of these active principles, and reserves an account of his researches in this direction for a future paper.—*Druggists' Circular.*

CHILBLAIN CURE.—Dissolve twenty-four grains of Iodoform in one ounce of warm Oleic Acid, and apply with camel's hair pencil; two applications generally makes a permanent cure.—*Med. Brief.*

SALICYLIC ACID FOR BEE STINGS.

An Austrian paper recommends the following treatment: First remove the sting as quickly as possible with

a forceps or by scratching with a finger, but never with the thumb and forefinger, because this squeezes more of the poison into the wound. Next squeeze the wound until a drop of blood comes out, and rub the place as large as a dollar with an aqueous or dilute alcoholic solution of salicylic acid. The effect is still better by injecting the salicylic acid into the wound with the hypodermic syringe. After this the spot is painted with collodion, to keep out the air. A sting treated thus causes little or no pain, slight inflammation and swelling, and is not followed by nettle-fever or lameness in the most sensitive and nervous individuals.

COLD FEET.

It is, as we have often labored to show, a mistake to suppose there is any warmth in clothes. Animal heat is the direct result of changes going on within the body itself. Nutrition by food, and the discharge of energy by exercise, are the efficient causes of heat. Clothes "seem" to warm because they prevent the cold air and objects with a capacity for heat which surround the body from attracting the heat generated within its organism. The clothing is simply an insulator. It follows that it should be light in weight, and above all things that it should permit the free and full circulation of blood through every part of the system—to the end of every finger and toe—and that the muscular apparatus of the extremities should be in perfect working order. If we will wear foot-coverings, whether boots or stockings, which compress the feet and render the separate action of each toe impossible, it is simply absurd to expect to be warm-footed. Heat is the complement of work and nutrition; and if a part of the organism is so bound that it cannot work and its supply of blood is limited, it must be cold. The resort to stouter and heavier clothing under such circumstances is simply ridiculous. Generally it is the stockings that compress the feet. The garter acts as a ligature, and diminishes the blood-supply, while the stocking itself acts as a bandage, and impedes the circulation through the extremity. Let any one who doubts this, try the effect of wearing what is called a "well-fitting"—that is, a tight kid

glove in cold weather. Hard, unyielding foot-cases, such as stout boots with no space for the toes to play and no spring for the natural action of the arch of the foot, increase the evil. The first conditions of warmth are, therefore, free action and a full blood-supply. These remarks apply chiefly to the day. At night the wearer of tight and rigid foot-coverings reaps the recompense of his imprudence by sufferings which are wholly needless. When the body is placed in the recumbent posture the force of the blood pump—the heart—is economized, and the current grows both weaker and slower. The necessary result of this change is that there seems to be a tendency to coldness in the state of sleep, and those who suffer from cold feet seek to remedy this discomfort by heaping clothes on their extremities. They forget that the way to maintain animal heat is to incite the system to work. By judiciously and *rapidly* bathing the feet in cold or cool water before going to bed, and then rubbing them so as to promote the circulation, the blood supply of the extremities may be augmented; and by the avoidance of heavy and what is called warm bedclothes on the feet, the force of circulation in the organs will be maintained far more effectually, and with incomparably greater comfort, than when the coverings are doubled and trebled, and even supplemented by artificial heat because the feet are cold! There are, of course, cases in which a different method of procedure must be adopted; but when the seemingly healthy resort to heavy and hard foot-coverings by day, and artificial foot-warmers by night, it should be under express medical advice. The normal ways of procuring warmth are the best, namely, nutrition and work. —*Louisville Medical News, from Lancet.*

DYSMENORRHŒA.—Dr. Arnold, (Proc. of the Berlin Hom. Soc.,) treated a girl of 24 for this disease. She had terrible cramps and pains a day before the flow. He dissolved pure Iodine 1, Kali Hydr. 2, in Aqua Dist. 10, and from this made the first centesimal dil. Gave eight days before the flow two drops three times daily. The pains were not so bad, and fourteen days before the next period gave three drops daily. The period was free from pain. —*Hom. Times.*

SINGING AS A CAUSE OF UTERINE DISEASE.

Dr. Clifton E. Wing publishes in the *Boston Medical and Surgical Journal* (Allopathic) some very interesting cases relating to this subject. He had several lady patients, who came to him for uterine trouble, and all voluntarily asserted their belief that the complaints were due to the "abdominal method" of singing, which they had been trying to learn. This consists in the cultivation of diaphragmatic respiration at the expense of thoracic. It naturally causes great pressure to be put upon the abdominal organs. One Boston teacher boasts, that by "proper practice" such power may be acquired, that if the person be placed back against the wall, and a full-sized piano be moved up against the retracted abdomen, the latter, by the "abdominal method," can be so forcibly expanded that the piano will be pushed rapidly away. The new method adds greatly to the power of the voice. Dr. Wing found in the cases examined that it had caused a retroflexion or a retroversion, with various co-incident ills. He believes that in the "abdominal method," as now practiced, we have a fruitful source of uterine displacement.

AN EPIDEMIC OF ERGOTISM IN RUSSIA.

This epidemic occurred during the autumn of 1879, in the neighborhood of Novgorod. In the district attacked, an inhospitable climate, and a marshy soil were combined with poverty, dirt, and generally unhealthy conditions among the villagers. Of nineteen cases in which the symptoms were strongly marked, four died. In other sixteen cases the symptoms were less developed, and probably as many more escaped observation. In these slighter cases the symptoms were diarrhœa (in seventy per cent.), weakness, more especially in the hands and feet, occasional attacks of giddiness, headache, sleeplessness, and deadness of the fingers, with formication under the skin. All had, up to their seizure, eaten fresh-ground unkilned rye, and the symptoms quickly disappeared under the use of laxatives and opiates, and the withdrawal of bread containing ergot. In the first-mentioned nineteen cases

the symptoms were severe: racking pains in the extremities, severe headache, great thirst and utter prostration, with weakness of intellect and melancholia. Tonic and clonic spasms, preceeded by dyspnœa, deadness in the extremities, and cold sweats, attacked the flexor muscles of the limbs, the extensors being unaffected. In no case did gangrene occur. The respirations were 14·16; maximum temperature 99·8 deg., minimum (in three cases) 95·9 deg.; pulse slow and weak. The fatal cases, an old man and two children in one family and a woman in another, died, three of them in a comatose condition and one during a convulsive fit. The treatment was as above, with subcutaneous injections of morphia, and inhalations of chloroform, followed by tonics and improvement of hygienic conditions. The quantity of ergot present in the rye was about seven per cent., and two dogs fed with it each showed on the seventh week a gangrenous ulcer on one paw. On withdrawal of the ergot bread from one dog, recovery followed in two months; while in the other, fed as before, the gangrene advanced, convulsions appeared, and death followed by way of coma in the tenth week. The *post-mortem* appearances were: brain and meninges anæmic, arteries quite empty, veins full of dark fluid blood, heart empty, lungs, liver and spleen hyperæmic, intestinal mucous membrane congested, but neither it nor the liver showing any gangrenous spots such as have been described.—*London Med. Record*, (Allopathic).

Modern Insanity.—Dr. Maclaren, of Edinburgh, Scotland, states that the types of insanity have changed within modern times. For instance, acute delirious mania is now comparatively rare, but mental enfeeblement attended with paralysis, is becoming more and more common, and is the result of the overwork and worry of the struggle for existence at the present day.—*Dsuggists' Circulas.*

Cement for Leather.—One who has tried everything, says that after an experience of fifteen years he has found nothing to equal the following as a cement for leather belting: Common glue and isinglass, equal parts, soaked

for ten hours in just enough water to cover them. Bring gradually to a boiling heat and add pure tannin until the whole becomes ropy or appears like the white of eggs. Buff off the surface to be joined, apply this cement, and clamp firmly.—*Druggists' Circular.*

CARBONATE OF LITHIA.

The Carbonate of Lithia, given in from two to four grains, will relieve the most aggravated case of cystitis in from fifteen minutes to half an hour. It is positive in its effects in this disease. Opium, or any of its compounds, will not give the relief that can be obtained from Lithia. In varicose veins, when the patient suffers such exquisite pain, its action is as prompt as in cystitis. In irritation of the prostate gland, or along the urethral canal, there is certainly no remedy in the materia medica that will give the instant relief that can be obtained from the Lithia.—*S. H. Moore, M. D., in P. and Surg. Investig.*

CRACKED NIPPLES.—Dissolve five grains of Hydrastin, 3x, in a teacupful of tepid water, wash the nipples after each nursing.—*L. B. Hawley, in Med. Investig.*

ARGYRIA FOLLOWING THE FREQUENT PHARYNGEAL APPLICATION OF NITRATE OF SILVER.

A woman, aged forty-six, noticed a blueish discoloration of the entire cutaneous surface, following repeated pharyngeal cauterizations with the silver nitrate stick. Similar cases have been recorded, one by Kirshaber, and a second in the *Gazzetta Medica Italiana* (1862). The absorption of the silver salt takes place in part from the mucous surface of the cauterized portion, but principally from the intestinal surface, the products of cauterization being conveyed to the alimentary canal—*Archives. Med. Belges.*

ONE YEAR FOR ISSUING BOGUS DIPLOMAS.

Charles H. Kehnroth, one of the professors of Dr. Buchanan's College, who pleaded guilty to a charge of issuing bogus academic degrees, was brought before Judge Allison in the Court of Quarter Sessions in Philadelphia, on February 12, and sentenced to imprisonment for one year.

EFFECT OF THE ELECTRIC LIGHT ON VISION.

Professor Cohn, of Breslau, has been lately making some experiments with the electric light on the eyes of a number of persons, for the purpose of testing its special influence, in different cases, on visual perception and the sensation of color. Among the interesting results of these investigations may be mentioned the fact that letters, spots and colors are perceived at a much greater distance through the medium of electric light than by day or gas light. The sensation of yellow was increased sixty-fold compared to day light, of red six-fold, and of green and blue about twofold. Eyes that could only with difficulty perceive and distinguish colors by daylight or gaslight were much aided by the electric light, and the visual perception was also much strengthened. Professor Cohn concluded, therefore, in view of this fact, that electric light would prove exceedingly useful in places where it was desirable that signals should be observable at a great distance. The engine employed in these experiments was a Gramme electro-magnetic apparatus, which rotates 600 times in a minute.

PHYSIOLOGICAL ACTION OF PICROTOXINE.

Chirone and Testa, after describing the physical characters and mode of preparation of this alkaloid, give the results obtained from a series of sixty experiments. The most important conclusions arrived at are the following: 1. Picrotoxine is capable of causing a true artificial epilepsy. 2. The epilepsy so induced is independent of the psychomotor centres, inasmuch as it is most intense after the removal of those centres. 3. Picrotoxine acts primarily on the bulb and on the commissural fibres between the cerebral and spinal centres, and secondarily on the spinal

centres themselves. 4. It demonstrates the existence of a functional antagonism between the psychomoter and motor centres of the bulb and spinal cord. 5. The convulsive movement of the limbs induced by picrotoxine depend primarily upon the action of the drug on the bulb, which is thence propagated to the spinal marrow, and secondarily on its direct action on the spinal centres. 6. In frogs the influence on the spinal functions is more marked than on the cerebral, while in dogs and the higher animals the cerebral motor centres are the most acted upon. 7. By chinchonidine an epilepsy of cerebral, by picrotoxine an epilepsy of spinal origin, can be induced. *London Med. Record* (Allopathic).

AN EXPLOSIVE MIXTURE.

A correspondent of the *Pharmaceutical Journal and Transactions* gives the following quaint description of his experience with a prescription well-known to be explosive. Of this he appears to have been aware himself, but his precautions proved of no avail. The mixture to be dispensed was the subjoined:

R. Calcis hypophosphitis.....3ss.
Potass. chloratis.....3ss.
M. ft. pulv. vj.
One to be taken three times a day.

"Proceeding cautiously to powder each separatively, and then mixing them carefully together, I was priding myself upon the evident amity of these ingredients, looking so pure and innocent in my glass mortar. I thought that having got their latent potentialities to agree so well up to that point, they would as peacefully submit to removal by the palette knife. But 'alas! poor Yorick!' at the third touch of the cold steel they resented the insult by vanishing into fire, smoke, and noise, leaving the astonished dispenser half stunned and minus some eyebrows and lashes, a sadder but wiser man. Thanks to my spectacles, which were on, iritis has not supervened; but the next man who tries the experiment with better eyes may find that disease troubling him. Or should he be operating on double the quantity, it may 'give him fits,' as we say.

Department of Electrology & Neurology.

J. T. KENT, M. D., Editor.

CASES IN PRACTICE.

Case 1, W. R. S., age 23. At 11 years had an attack of scarlet fever, since which time, up to the present, has periodical attacks of asthma coming on with every slight cold, and to such an extent as to render the continual pursuit of his business impossible. Sneezes in going from cold to warm, or from a warm to a cold room; nose always stopped up; scales form in it; has buzzing in the ears at times; breathing hurried, wheezing, purry and asthmatic; after wheezing a day or more has pain in the region of the heart; gets relief by leaning forward with elbows on chair; at night sits up in bed for relief; sometimes is propped up with pillows; these attacks are brought on by slight cold, and generally last but a few days; hands and feet cold; has to warm them before going to bed; wants the windows and doors open during the attacks; takes off his collar and vest; must have fresh cool air; often goes to bed well and wakes up coughing—generally towards morning; it begins mildly, grows worse gradually and disappears about the third day; wants to be quiet during the attacks; must be kept quiet; has headache; it begins at top and extends to forehead and back; head feels too large; scalp numb; in figuring gets muddled and has to stop awhile; has vertigo on rising from a stooping position; arms go to sleep

Treatment—*Sulph.* 6th, for one month, once a day was given, then *dulc.* 6 till apparently well; then *dulc.* 3 m, one dose. He has had no sign of an attack this winter.

Case 2. R. M., aged 30. Contracted syphilis seven years ago, and has been under allopathic treatment for it most of that time since; previous to contracting syphilis, had spermatorrhœa, but otherwise was healthy; is exceedingly nervous and emaciated; slow of speech; lacks words; taciturn; likes company and yet likes to be alone; memory becoming impaired; broods over business troubles; fears he has overlooked something; dull headache over the eyes and sometimes through the temples; some burning in top of head; sees dark spots on white ground; nose discharges freely yellow and white; bad taste in mouth all the time; when hawking and humming, spits white mucus from the throat, sometimes dry cough from irritation of the throat, which was covered with large ulcers; has itchings of the skin, pimples on back, crawling sensation of the scalp, and of heat on the skin of fore-arm; erections feeble; urine milky, with white sediment after standing; wakeful forepart of night, thinking, wants to sleep late in the morning. A common case of drug poisoning in syphilitic treatment under allopathy.

This patient was fully restored to health, with one dose of *sulph.* 200, once a week, for three weeks.

Case 3. G. G., aged 23, married; two children; small in stature, weighs propably not over 100 pounds; blue eyes, brown hair, pale face; dark lines under the eyes and around the mouth; freckles and yellow spots on face; mentally irritable, mistrustful; troubled with thoughts that she cannot get rid of, they haunt her; they compel her to acts that she knows are unreasonable, foolish, yet she cannot resist; has been so constantly since she was 13 years of age; first became so affected after an attack of

malarial fever; was melancholy, morose and harassed with all kinds of queries, concerning the why and wherefore of common every-day things; later, there was another phase of mental oddity; luck or evil seemed to attach to this or that article, and was cherished and worn, or discarded, according as it became a minister or agent of good or bad, or was so associated; after this came a phase in which she was dissatisfied with things she had done, and was compelled to do them over again and again, reasoning all the while the foolishness of her acts, but for peace to her promptings doing them again; later on, reading the tale of a murder of dread atrocity by means of a knife; was possessed of a horror when she saw a knife that was agonizing to an intense degree; was compelled to use a fruit-knife at table, and leave the room whenever she saw her husband shave; later came a mania for memorizing the colors worn by some lady that took her fancy; she would follow them for blocks, sometimes for hours, compelled against her judgment and reason to commit to memory the dress and colors; it seemed if she did not so do, she must go wild. She sleeps well; has pleasant dreams which she cannot remember; sleeps with her head high; is better in company; worse in wet weather, during mensturation and thunder storms; craves coffee and sweets; has great aversion to salt and salt food; has humming of the ears, twitching of the eyelids; itching of the scalp, which changes place by scratching; her face also itches, and when scratched large blotches appear.

This patient was given *sulph.* 200, one dose. Two weeks afterwards *anacardium 60,* was given as indicated, but no improvement followed. *Carbo veg.* 800 was then given, on account of her extreme aversion to salt, and, after three weeks, *anacard. 60* was again administered, as it was evident it was the proper agent, when that

something, which prevented its action, should be removed. No improvement. One dose of *psorium* was then given as the anti-psoric best adapted to her symptoms. Extreme aggravation of all her mental symptoms immediately took place, and continued growing worse for ten days. Not passing away, *anacard. 6o*, three doses and three blanks were next given. Her symptoms disappeared on the first dose, and she has had no return of the disease since.

THEY SHOULD FOLLOW THE LAW.

There is a select clique now practicing medicine in this hamlet, the members of which, place similia upon the outer wall, and cry in a loud voice, "we are the Simon Pure." They occasionally call some of their neighbors, who practice somewhat liberally, "mongrels" and "pseudo-homœopathists."

The members of this clique are not great in influence or numbers, or homœopathy might suffer; yet the finger-ends cannot count them without the aid of the thumbs. A few of them are honored by rank, and sometimes addressed by the self-dubbed title "professor." The borrowed lectures read before pupils do better than their sick-room examples for homœopathy and humanity. But it is so easy to teach and so hard to practice—according to the law.

The mere mention of the ways belonging to the members of this clique need not be taken as personal but as condemnatory of loose practice. A prescription calling for Nitrite of Amyl, ℥ss can be found at one of our leading apothecary establishment, directed for a child. It is not necessary to say the child died. The prescription was signed by name in full. Bromide of potassium, 20 grs. three times a day, is also a favorite of this self-same gentleman.

Another buys tinc. gelseminum by the quart; of course this must be for external use, (?) as so much could not be used internally, in homœopathic form, in thirty thousand years.

Quinine pills, lacto peptine and compounds of cod-liver oil are made use of in profusion. These means save time at searching for the correct remedy.

Another feature, not accessible to us all, is most convenient and labor-saving: it is to carry six or eleven small vials, carefully filled with the purest and oftenest indicated homœopathic remedies in a side pocket or salt-sack, and trust the spirits to direct the fingers to the correct remedy for each patient. The spirits may be very kind to those who consort with etherial spheres, but to us who have been more "worldly," their aid has been of small service.

Alternating remedies, is a very unscientific manner of practice, but think of placing seven goblets on a stand, with medicine in each, out of which a teaspoonful every hour is to be taken, beginning with No. 1, and going through the seven, then going back to No. 1, hoping to find somewhere in the seven the correct remedy; nature being a wise old dame, selects the proper agent (?) to effect the cure, and rejects the six as foreign elements.

Compound cathartic pills have been found at the bedside of patients, directed by one of these Simon Pure fellows. In one instance, a lady was constipated and had tried allopathy without relief, and had become tired of "nasty medicine;" she therefore sent for one of the "leading" homœopathists, who "fiddled" around a week or so with his "little pills," and then gave her six comp. cath. pills, she remarked she had no more confidence in homœopathy, as they were compelled to use strong medicine in an emergency. This is the result of not being familiar

enough with the law and materia medica to apply them in the sick room.

In surgical practice the ways are still more divergent. The extension and counter-extension made use of in this city are not in the least human; indeed, these implements of torture used in, some might say a surgical gymnasium, would have been fitting for the guillotine period. It may be called a neurological resort, or perhaps while the vertebral columns of these little ones are being straightened, their spinal cords lose one or two curls. In comparison to modern homœopathic measures for treating curvature of the spine—constitutional treatment—the plaster dressing and extension apparatus are simply barbarous, and often fail to be of any service. They have done great injury.

It is not supposed that every one can acquire information sufficient to enable him to follow the law; but teachers occupying high places, becoming safeguards over students, should follow the homœopathic treatment to the letter. It is not the most consistent for him who transgresses daily to cry very loud the misgivings of his fellows.

MORAL INSANITY, DEPRAVITY "AND THE HYPOTHETICAL CASE."

By C. H. Hughes, M. D.

In the annals of criminal jurisprudence is to be found a class of exceptionally desperate and immoral persons, to whom lawyers, with crude and inexact notions of what constitutes true mental disease, are prone to apply the most extreme views of irresponsibility, seemingly forgetful or unmindful of the fact that the intense display of the passions and emotions, and extreme measures adopted in a rational manner to gratify them, may not be incompatible with a sound and responsible state of mind. The

exceptionally bad man, who, regardless of consequences, with:

> "Unconquerable will
> And study of revenge * * * *
> And courage never to submit or yield,"

takes the law into his own hand, recognizing no right or power to restrain his perverted will and passion, and with callous heart and bloody hand contrives and executes deeds of blood, rapine or vengeance, that by their magnitude startle and appall the average human mind and conscience, is regarded as necessarily insane. While by a strange and unaccountable process of reasoning, the exceptionally good man, whose life is one of more than ordinary charity toward his fellow-man, in whose kindly breast abounds a love for reaching and intense as the abiding malice and immortal hate of the other, who, "clothed in the armor of a pure intent," no less securely than the heart of the other, is "mailed in scorn," is never thought of as mentally deranged.*

It is thus that the pleas of moral, emotional and homicidal insanity, proper enough in exceptional cases of real disease, have of late years been brought into popular disrepute, and come to be regarded in the public mind as mere medico-legal contrivances, planned by cunning or mistaken lawyers, aided and abetted by the co-operation of unscrupulous and mercenary or ignorant, unpractical or extremely self-sufficient and egotistical physicians, who substitute theoretical notions of psychical disease for the facts to be gleaned from clinical observation; and have, therefore, either no proper idea of, or concern for, the true line of demarkation between immoral and *morbid* mental action, and thus is justice robbed of her due, and thus are the habiliments of a noble science trailed in the dust of contumely and public contempt.

*That moral, emotional and homicidal mania, are to be found less often existent, in fact, than they are made to appear before the courts, it must be conceded. The greatest intellects and observers in pyschiatry have believed in their existence, from Pinel Esquirol, Prichard, down to Bucknill and Tuke, Maudsley and our own great I. Ray; while it would be unfair not to mention in this connection that those eminent names, among them, especially, Mayo and Blandford have gainsaid, on theoretical grounds, the possibility of mental disease existing, "without appreciable lesion of the intellect." All, however, concede that such a diseased mental condition as moral insanity, exists as a fact, while some deny the appropriateness of the definition and appellation.

History still repeats itself in its despicable Nero's and daring Dick Turpin's, who, without the extenuation of disease, make a business, a pastime or a pleasure of crime; as well as in its pitiable *Corniers*, who, without interest, without passion, without motive, without concealment or attempt at escape, cut off the heads of innocent defenceless children and cast them into the street; or like the deluded Freemen, plunge the cruel knife into the hearts of their own innocent, confiding offspring and sacrifice them to God in obedience to a delusion.

And, though the world does not so long tolerate their outrageous and inhuman conduct, it has still characters like Tiberius, compounded, as his tutor on the authority of, Tacitus said,"of mud and blood;" or like Caligula, whose reign begun mildly and kindly, changed in one year after a violent attack of disease, to one of cruelty and crime unparalleled. The world, however, has no longer its monster Judge Jeffries, laughing, joking, swearing, in the intoxication of intemperance and unrestrained passion, while sentencing to be hanged or transported, hundreds of blameless lives. At this day, a commission of inquiry *de lunatico*, would speedily ascertain if such a monster should himself be hanged or restrained as a lunatic.

On the one hand is moral depravity, deep and damning, whose extinction by the law, the moral welfare of society, present and prospective, imperiously demands, while on the other is resistless disease, which merciful law, founded in the moral sense of all civilized mankind, pities and pardons.

While it is the duty of the law to draw the line between morbid and immoral acts, it must be conceded that the understanding of the mind diseased in its many phases of aberration, is an intricate subject, baffling sometimes the profoundest student and the most practiced observer of psychical law and phenomena. Insanity ought to be, and is, though the fact is not generally confessed by them, to lawyers a stumbling block, for, unmindful of the fact that correct notions of this disease and its unfortunate victims,

as every practical alienist to-day will confess, are only to be obtained by long and familiar intercourse with them. The members of the bar glean from books that little dangerous smattering of knowledge which either transforms them into bold skeptics or timid and weak sentimentalists, respecting the connection between and severance of, insanity and vice.

They become extremists, and either regard all great crimes as the offspring of disease, as an occasional medical man has done, or look upon those who, from the standpoint of real observation, know that disease enters largely into the causation of much of the otherwise inexplicable and unaccountable immorality and crime in the land, as mentally biased by overmuch intercourse with the insane. The asylum superintendent is facetiously termed by them an "insane doctor," and regarded as a little weakened by the erratic company he keeps, and as holding, of course, somewhat morbid and perverted views on the subjects of insanity and crime. The interrogatories often put to the expert witness by lawyers who sometimes read much more of psychiatry than they comprehend, reveal, to the practical student of psychological science, the false or erroneous views often held by the latter, respecting the relationship which, undoubtedly, frequently exists, but which only a thoroughly practical alienist can generally correctly trace, between crime and disease. Disease or organic criminal propensity being the legitimate heritage that vice transmits to the generations which spring from the loins of the vicious, is by the legal mind often indiscriminately transposed or they are commingled. The Cains of bibical story, with their adequate and vengeful motive, appear as pardonable homicidal maniacs; and the archangel Lucifer whose rebellious conduct justly secured his expulsion from heaven, they would fashion into a guiltless monomaniac, whose morbid ambition and egoistic monomania would be an eminently proper "plea in bar" to arrest judgment and execution of sentence by the Almighty.

Yet these are they whom the law entrusts to sift the wheat from the chaff of the symptomatology of mental diseases, and aggregate in such a way the morbid appearances of a given case or supposed case of mind deranged, that the physician to whom their array of symptoms is submitted may make an *unerring diagnosis.* The law expects the medical man to conclude upon the existence or non-existence of disease, from the necessarily incongruous and heterogeneous collection of facts, which such a non-medical man interested in making a particularly bad case, would more likely than not bring together.

In seeking to frame a strong hypothesis of disease, especially of mental disease, the most frequent error made by attorneys is in putting together incongruous symptoms of incompatible forms of mental aberration, such as those of acute mania and chronic dementia, advanced general paralysis and melancholia. They confound the categories, as the logicians would say, and then expect the expert to evolve order out of the chaos they make, and call it a particular form of mental aberration. Lawyers, like criminal malingerers, generally overdo their simulation, the exception being mainly where they obtain the active assistance of a capable physician in collecting and putting together their medical testimony. The result is, that even in cases where there is evidence to the physician of the actual existence of underlying mental disease, yet, "taking all the facts submitted by him to be true," which he often knows cannot possibly be true, and yet the disease sought to be proven exist, he is often obliged to rule out the disease he may really think may possibly be there because of symptoms unwittingly introduced to make a stronger case, but which really contraindicate the existence of the probably really present disease. Thus is the cause of the client often unwittingly wounded in the house of his friends—the sanctum of his counsel. No one is really competent to construct a hypothetical disease unless sufficiently familiar with symptomatology to diagnosticate the diseases he supposes to exist,

and with familiar acquaintance with the varied and varying aspects of mental aberration and the recognized oft-resemblance of the displays of mind disordered to those of mind rational, comes extreme caution in the search for the differentiating signs. Lawyers are not so cautious or discriminating in their search after these signs, and often present, to the astonished expert, a remarkable superstructure of disordered mental symptoms, reared upon an impossible foundation of perfectly healthy cerebral substratum; and it also sometimes happens, unluckily for the poor client *if he be really insane*, that the attorneys for the prosecution possess a better understanding of the nature of insanity than the defending attorney, in which case the analysis of the prisoner's character is more cleverly made and presented in a light that reflects more disparagingly upon him by his foe at the bar than can be shaded over by his friend. *No victim of real exculpating disease should be subjected to a contingency in a court of justice, which may be the means of his losing a life, which public polity does not demand as the proper penalty of voluntarily violated law.*

That time-honored forensic procedure which requires a medical opinion without permitting a personal examination by the physician whose opinion is sought, and often without the presentation of any facts gleaned by medical men, and even after the suppression of essential medical facts known to the family physician, upon an array of such supposititious facts, presented often without essential qualifying circumstances or supporting circumstances, such as would have been sought for and not overlooked by an expert in ferreting out the existence or non-existence of disease, is a medico-legal *faux pas*—a fallacy of the law, because it does not tend to elicit what the law contemplates, and justice imperatively demands in the trial of any cause, namely: "The truth, the whole truth, and nothing but the truth." The hypothetical case thus framed, wrongs the prisoner at the bar, outrages justice in her temple and defames science before the people. The

sick man has pulse and tongue, secretions and organs to be examined "by sight of science," and that *tactus eruditus*, which is most capable of properly interrogating them, is not possessed in any high degree by the hand mainly skilled in writing briefs. The absurd and foolish custom of the law, so greatly at variance with the *usual medical methods* of determining whether or not disease is present in given cases, has been severely animadverted upon and justly condemned by the highest authority in the medical jurisprudence of insanity in the land.* In lieu of the present methods pursued in criminal cases, the appointment of a special commission was advised by him, "consisting of men who possess a well earned reputation in the knowledge and management of mental derangement."

The only reason we have ever heard given in justification of the custom of summoning witnesses to appear and testify to their opinions on suppositions (though the subpœna which brings experts into courts calls them to testify concerning the real case at issue, when the real case and real facts can be passed upon and the patient is in reach and could be personally examined by the medical expert), is that the expert opinion, if given on the facts, would virtually be permitting the expert to supplement the jury. (And why should it not in strictly medical questions, or the jury be composed altogether of medical experts?) In the one instance as in the other, if the expert opinion has weight with the jury, it is taken to apply to the real case at issue, and the judgment on the medico-legal case is really, after all, rendered by the expert. How much better would it be to always submit the *real* case and let the medical expert decide, by personal observation as well as examination, of *all of the real testimony, what symptoms of disease should be taken into account in forming a conclusion as to the presence or absence of mental unsoundness;* to let the medical aspect of the case be not only

*Dr. Isaac Ray.—Med. Juris. Insan.—*Preliminary View*, Ed. 1890, p. 70.

passed upon, but searched out by medical men, either by a commission of inquiry or by attendance throughout the trial, conjoined with frequent personal observations of the man *himself*, especially if the alleged insanity persists. The risk of losing sight of facts having a possible bearing upon the existence of disease, should not be incurred by the courts (the supposed custodian of the rights of the arraigned, and bound by the law to see that he has every possible chance for a complete defence and fair play), by requiring the medical expert to engage in a vicarious search for them through legal glasses necessarily obscured by inexperience in psychiatric symptomatology; not a hair's breadth of chance for life should be taken from the prisoner by any custom of the law or ruling of the court. —*Alienist and Neurologist.*

DEPARTMENT OF SURGERY.

J. W. THRASHER, M. D., Editor.

PROSTATITIS, RESULTING IN ABSCESS OF PROSTATE.

Mr. A. Alt, 67.—First complained of a chilly sensation followed by heat; also pain and heat in the situation of the prostrate; tenderness upon deep pressure in the perineum, frequent calls to make water, evacuation of the bowels, attended with pain. At first visit found him in great agony, had not passed water in several hours. As he was suffering so intensely, we proceeded at once to pass the cathether. Upon reaching the prostate we met with resistance; after trying a few times with a metalic cathether, an elastic one was used which also resulted in a failure. We then determined to persist in the passage of the metalic cathether. While making a firm, strong effort, the cathether went in as if slipping past the point of resistance, to the extent of an inch. Fearing we had ruptured the urethera, the cathether was withdrawn, and pus following and continued to escape for some time. The patient got immediate relief, and our diagnosis was established beyond a doubt. Hepar Sulphur 30 was given a dose every other day, in a few weeks patient convalesced, and up to date has had no return of the trouble.

PROSTATITIS.

Case No. 2, Mr. H., aged 38.—Has had a desire for two or three days to urinate frequently, complains of heat and

throbbing in region of the prostate; feeling of fullness and weight in the perineum; urine caused severe pain; stools passed with difficulty. Passed the finger into the rectum and found the prostate swollen and irritable.

Prescribed Phytolaca IX Dec., in a few hours improvement set in and continued; in three days discharged him cured.

SPINAL CURVATURE.

It may to some seem argumentative to hear experienced surgeons declare that curvature of the spine cannot be arrested and cured by constitutional treatment, but to those who know how to select the proper remedy for each respective cure, assertions are but empty words. When surgeons of small calibre assert the impossibility of such cases, they but manifest their ignorance, and where they cite the sayings of surgeons who have given birth to accepted methods, they simply refer to a grain of ignorance in probably wise men.

That it is an easy task to select the proper agent in all cases, the most sanguine would not affirm; but, by great labor, much greater tasks have been performed. The fact that low potencies have generally failed in such cases is a feeble argument against the possibility of cures. The broad assertion, that "I have tried many times and failed," is still more foreign; but to say we have failed when we did not select the correct remedy, and that the incorrect remedy has so often been selected that no cures have resulted, can be but the true state of affairs with the majority of physicians. Every practitioner in medicine who has had experience with the higher potencies has been able to cure these cases when he had selected the proper agent. When he has done this, he has, as a rule, cured his patient with a remedy administered singly, and not often repeated.

The barbarous methods in vogue are not generally resorted to, only by those who do not pretend to follow the principles of homœopathy, as they who follow the law expect to perform their cures without pain or great torture, and by pleasant internal remedies. It is not operative or mechanical surgery that deals with systemic disorders; it is a work to be accomplished by the selection of the smallest possible medicinal agent, capable of correcting the morbid state upon which the disease, bone and cartilege depend.

The list of remedies is not long, and any physician may acquire the proper information in a short period of time. Mezerione has cured some cases, but colc., puls., and silicia are the principal remedies.

UNEXPECTED HEMORRHAGE AFTER SURGICAL OPERATIONS.

By A. J. Howe, M. D.

One day several years ago I excised an ulcerous fissure from the anal structures of a medical man who came to me for surgical relief. Inasmuch as the patient was fidgety about the pain of the operation, I gave him chloroform all by myself, and as soon as the stertorous breathing commenced I turned the anal folds outward, seized the fissure, and with curved scissors removed the morbid mass which was insignificant in size. Only a few drops of blood were then seen, and for the period of half an hour no hemorrhage was thought of, but in two hours the blood flowed in rivulets. Upon a summons I went to the doctor's relief, and found him quite pulseless and fainting. He tossed uneasily, and complained of nausea, blindness, ringing in the ears, great weakness and some pain. I prescribed five drops of turpentine on sugar every twenty minntes till hemorrhage ceased. There was no pressing indication for local treatment, for the

worst of the flow had passed; and the presumption was that a coagulum was forming in the site of the ulcer.

The next day the patient was free from hemorrhage, though he had passed quite a large stool. The recovery was entirely satisfactory; and the cause of so profuse a hemorrhagic loss remains a mystery. Twenty other operations of this kind were not strikingly hemorrhagic. I do not claim the turpentine did any good, but gave it on the strength of its reputation in such cases of unlooked for bleeding.

Last winter I pared a ruptured perineum, and a tear of the recto-vaginal septum for an inch or two. The freshening process was not hemorrhagic; and the closure with sutures seemed to press one denuded surface against the other too snugly to admit of a sanguineous outflow. But in the course of three hours, such a startling hemorrhage occurred from the genial fissure that I was summoned to the patient's bedside. I had taken a ride of a few miles in the country, and did not see the sufferer till late in the evening. She was then too faint to raise her head, and only the flickering of a pulse could be felt. I was most afraid of heart-clot, and consequent death. I prescribed Squibb's fluid extract of ergot. The next morning the patient was comfortable, and had a readily recognizable pulse. The woman made a good recovery, the perineum uniting most satisfactorily; but I never knew whether the great blood-flow came from the uterus or from the spaces between the stitches. I presumed it came from the uterus, though I entertain no rational theory as to the cause.

Two or three weeks ago, I operated on a doctor's tibia, to remove a sesquestrum near the ankle, I encountered no difficulty in the operation, there was no more blood than the thickness of two or three newspapers kept from soiling the bed. The patient rallied well, but took morphia to relieve pain. In the course of five or six hours, a drizzling flow of blood came from the cancellated structures of the bone, and alarmingly increased. I took off

the dressing, cleared out the wound, and hunted for bleeding vessels, yet found none. The traumatic cavity, which was capacious enough to hold a couple of ounces, would fill every minute or two, and the fluid was too thin to coagulate. The patient said that he once came near bleeding to death from a "bitten tongue," and he had often bled startlingly from insignificant wounds. This hemorrhagic idiosyncrasy I knew nothing about till my operation was executed, or I should have employed styptics and compresses. The patient had been taking largely of potassæ, which, with malarial diseases had thinned the blood. I had no fear of a fatal issue, but did not like to see my patient as pallid as a corpse, and as weak as an animal bled for the slaughter. Steady pressure upon the compresses, and the internal use of ergot, together with nature's resources for stopping blood wastes which are neither few nor feeble, saved my case. The recovery was rapid. In three days the patient's vessels were as full of blood as ever they were, and he was up and dressed. I began early to administer a solution of iron, and to use arsenic in minute doses. These agents, together with nourishing food, seemed to renovate the entire organism. The convalescent acknowledged that he felt like a new man. In fact, he was renewed so far as his blood was concerned. He lost a gallon and soon had a better fluid in its place. Blood is made very fast in a young person who has suffered a sudden loss of vital fluids. A quart may be elaborated in a week, or even in less time.—*Eclectic Medical Journal.*

LOCAL TREATMENT OF PARAPHIMOSIS.

Messrs. Editors:—I had under my care a case of chancroids—chancroidal bubo complicated with paraphimosis. The paraphimosis had existed eight weeks, but did not become strangulated at any time; it could not, however,

be reduced, and I thought that the prepuce would never come forward. After trying various expedients, I at last thought of the rubber bandage. I applied one firmly for three days, and was agreeably surprised one morning to find the prepuce forward and penis again in a normal condition. The rubber used was of the thickness of Martin's bandage, one inch wide and about four feet long.

EUGENE F. HAUCK, M. D.

City Hospital, St. Louis, Dec. 4th, 1880.

—*St. Louis Courier of Medicine.*

DEPARTMENT OF OBSTETRICS.

WM. C. RICHARDSON, M. D., Editor.

A CASE OF RUPTURE OF THE UTERUS.

On the evening of January 27, 1879, we were called by Dr. Bock, to see, in consultation with him, a case of labor. On arrival at the house of the patient, Dr. B. informed us that his patient had some twenty hours since been taken with labor pains, and had sent for a midwife, who, after waiting and watching all day, then sent for him some few hours prior to our being called in.

The history of the case showed the following facts. It was the patient's third pregnancy and labor; in the first labor, some four years prior to the one now under consideration, she had been attended by doctors Bock and Riess, who after a great deal of trouble, had delivered her, with the forceps, of a dead child, and at that time informed her and her husband that there existed a deformity of the pelvis, which rendered it extremely doubtful whether she could ever be delivered of a live child.

In her second labor, some two years after the first, she had been attended by another physician, because of the opinion expressed by Dr. Bock, that she could not expect to have a live child. In this labor the attendant had to resort to Craniotomy, thus confirming Dr. Bock's opinion, and thoroughly re-establishing the family's confidence in him.

The condition of the patient was critical, in as much as the pains had almost ceased an hour before we were called and the patient was greatly prostrated with cold, clammy skin, pulse small and quick, in fact rapidly approaching collapse. Dr. Bock called my attention to a hard ball-like body, resting beneath the abdominal wall just above the pubis. An examination resulted in our finding that this body was the uterus which had been ruptured longitudinally in the middle of the posterior wall, the rent extending from near the fundus, down to within a short distance of the os, through which we could feel the head resting in the rent. After several unsuccessful attempts to adjust the forceps, and as the head could not be steadied sufficiently to perforate, and for the additional reason that brain and other matter would have escaped in the peritoneal cavity, we decided to turn and perforate, if necessary, the after-coming head.

The patient being in the usual forceps position on the back, we inserted our hand, brought down the feet and delivered the body, but the head caught as had been anticipated, in the narrowed brim, and no traction or effort of any kind could bring it through.

Our next step was to have Dr. Bock pull the body forwards and bend it over the abdomen of the mother, the position being an occipito posterior one, when we perforated through the occipital bone, below and to one side of the posterior fontanelle. After perforation the brain mass was evacuated without difficulty, the head collapsed, and delivery was completed without delay. The placenta was delivered without any trouble.

The woman seemed to partially rally from the shock, but the promise of recovery was only illusiory, and she died about thirty-six hours after the termination of the labor.

The operation of craniotomy in the after-coming head, although mentioned in some of the text books, is not well described, and as cases frequently occur after turning or in breach presentations in which it might be advantageous to understand the details, we have written up the above case at length, and hope it may prove both interesting and instructive.

RUPTURE OF THE UTERUS.

By R. P. M. Ames, M. D.

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Rupture of the uterus is one of the most dangerous accidents to which the female in the puerperal state is liable, and one from which a recovery is hardly to be expected, either of the mother or of the child.

It is in the latter months of pregnancy, and especially during the second stage of labor, that rupture most frequently takes place; still we must not overlook the fact that it has occurred quite early in the period of gestation; one case being reported by "M. Baudelocque, in Burns' Midwifery, from the practice of Choppart, as having happened in the second month," while another is reported as early as the tenth week in the *Rev. Med.*, 1825, page 155." Such cases are, however, very rare; but still they prove that (as Burns says) rupture may take place at any period of gestation.

What are the causes of rupture of the uterus? These are divided into predisposing and determining.

PREDISPOSING CAUSES.

In rupture of the uterus it is always supposed that there is more or less distention of that organ, and in con-

sequence of this distention the uterine walls undergo certain modifications, such as softening, a decrease in thickness, increased elasticity, etc., all of which render the organ more liable to rupture when exposed to any sudden shock. Pregnancy is the essential predisposing cause to rupture of the uterus; but there are many other circumstances and conditions, entirely absent in a normal pregnancy, that have a more immediate influence over the production of this accident, as, for instance:

(*a.*) An anomalous condition of the pelvis, such as pointed exostosis, or unusual sharpness of the promontory of the sacrum.

(*b.*) Diseases of the uterine walls, such as thinness, local atrophy, fatty degeneration, cicatrices from former Cesarean section, healed ruptures, old or recent inflammations, new growths, as fibroids, polypi, especially the interstitial and submucous, cancer, atresia of the os or cervix uteri, and placenta previa.

(*c.*) Predisposing causes due to the child, as hydrocephalus, and unnatural positions in the womb, by making constant pressure on some part of the uterus and so weakening it.

(*d.*) A large amount of liquor amnii.

(*e.*) Ergot or any expulsive agent.

(*f.*) Denman claims that the uterus may be worn through mechanically in long and severe labors, by pressure between the child's head and the bones of the pelvis.

Barnes thinks that one leading cause of rupture is the loss of relation between the strength of the muscular walls of the body and of the cervix. In most of his cases the cervix was not expanded, and the uterine wall gave way before the resistance offered. He has examined three cases and found no muscular alteration other than occurs in a natural pregnancy. He considers a dead child a chief cause of rupture because of the amount of its resiliency (?).

Determining causes. These are best divided into external or traumatic causes, and internal causes.

EXTERNAL OR TRAUMATIC CAUSES.

The uterus, like all other parts of the body, is liable to be injured at any time; but much more so during the pregnant state, and especially during the latter months of utero-gestation, when, from its increased size, it has ascended out of the cavity of the pelvis and is no longer protected by its osseous walls. Here it is subjected to various degrees of compression and contusion, all of which tend to weaken the uterine walls to a greater or less degree; but owing to the increased elasticity and mobility, the uterus generally escapes with little or no harm; still, occasionally the injury may be followed by disastrous consequences. Rupture may not immediately follow the injury, but come at some future period, the accident causing an inflammation, followed by ulceration, and finally perforation. Rupture may occur from compression of the uterus by the abdominal muscles, as in sneezing, coughing or vomiting, likewise when endeavoring to raise a heavy article. In fact, any movement which will violently compress the pregnant uterus between the vertebral column and the abdominal muscles, is liable to produce a rupture.

INTERNAL CAUSES.

(*a.*) Direct injury from instruments, etc.

(*b.*) Inordinate action of the uterus, particularly when arising from obstructions to the passage of the child.

(*c.*) Previous disease of the uterine walls, or deformities of the pelvis.

(*d.*) Malpositions of the child.

SYMPTOMS.—As a rule, the signs of rupture of the uterus are easily made out, coming as they do so suddenly, and generally after or during a violent contraction of the uterus or of the abdominal muscles. The symptoms are

ushered in by the patient experiencing an exceedingly sharp agonizing pain at or in the immediate vicinity of the rupture, which is accompanied by a tearing or snapping sound, in some instances loud enough to be audible to bystanders. The pains resemble those of colic, while in other cases they are described as burning, lancinating, cramp-like. These pains, which at the moment of rupture are so intense, immediately change in character to those of a dull ache, or a sense of numbness, and in some instances disappear altogether. While the majority of ruptures are characterized by these terrible pains, we must not overlook the fact that some ruptures occur without this symptom. Along with these pains, or immediately afterward, the patient becomes pale, the countenance assumes an expression of anxiety or fear, the pulse becomes small, wiry, irregular, fluttering, feeble, and very rapid, ranging from one hundred to a point that it can hardly be counted, fainting supervenes, and she passes into a state of syncope of a greater or less duration. Respiration is greatly increased, the surface becomes cold and is covered by a cold profuse sweat. From this condition the patient may slowly return to consciousness in some cases, and make a complete recovery; in others she may live for a few hours or even days; but in the majority of cases their suffering is soon ended by death. Some patients, at the moment of rupture, scream out with the pain, and say they have experienced the sensation of "something giving away," or "something has broken."

Vomiting of a dark substance like coffee grounds has been noticed in several cases. The abdomen becomes tender and very painful to the touch. If the rupture has occurred at the full period of utero-gestation, and the fetus has escaped into the abdominal cavity; we can, by external manipulations, feel the child in its abnormal position, and in some cases the soft, yielding, compressible non-contracted uterus may be recognized.

At the time of rupture, blood may escape from the vulva, but this is not generally the case, as it goes into the abdominal cavity. If the accident takes place during labor pains, it matters not how energetic they were before the rupture; they immediately disappear after its occurrence. It is, however, by the touch that the most conclusive signs are furnished. We are then able to detect any change in the position or volume of the uterus, or of the presenting part of the child. For instance, if we have been carefully watching a case of labor, and find everything normal, we would imply a natural labor; but if, on the other hand, the symptoms before mentioned suddenly appear, and by examination we found the presenting part had receded and was no longer accessible to the finger, and the cervix uteri had been drawn up, and the orifice had become only slightly dilated, even although we could not feel the rupture, we are perfectly right in suspecting one to have taken place. If we now attempt to pass the hand into the uterine cavity, we may find it empty, partially empty, or completely filled with intestines, which have escaped through the rupture. We can also examine the seat and extent of the laceration, and in many cases pass the hand completely into the abdominal cavity. At the time of the accident, the child, if alive, is felt to struggle violently; but death soon takes place, and the mother feels the child like a dead weight in her abdomen, and if death does not speedily take place, the fetus may become encysted and remain a harmless tenant for years. It may sometimes happen that neither the fetus nor placenta will pass into the abdominal cavity, and the severe symptoms may be referred to some other cause than the true one, and the mistake not to be discovered till after death.

INCOMPLETE RUPTURE OF UTERUS.

Although the symptoms of complete rupture of the uterus are as a rule easily recognized, this is far from

being the case in regard to incomplete rupture, for here only the mucous or the muscular coat is injured, while the peritoneum remains intact. We cannot make a sure diagnosis from external manipulations, while the internal examination only reveals a solution of continuity. The most frequent seat of partial laceration is near the cervical portion. None of the grave symptoms which are generally present in complete rupture are here noticed, while the labor pains continue with regularity and but slightly enfeebled.

DIAGNOSIS.

The diagnosis of rupture of the uterus is easily made when many of the above symptoms are present, and is at once confirmed when the rupture is detected by vaginal examination. It is only during the early months of utero gestation that the diagnosis is at all difficult. Levut gives a case when it was mistaken for calculus and lithotomy was actually performed.

PROGNOSIS AND TERMINATION.

In regard to the prognosis of uterine rupture we must be guided by the situation and the extent of the lesion, and by the amount of inflammation or hemorrhage that supervenes. As a rule, however, the prognosis is very unfavorable, the accident almost always proving fatal to the child, while the mother seldom escapes.

In some cases the rupture is so extensive, and the shock so great, that death follows immediately or in a very few minutes, but generally the patient survives the primary, acute symptoms, and lives from a few hours to days. Death is at last caused by a slow internal hemorrhage, or more likely by inflammation and suppuration of the peritoneum or pelvic tissues due to the presence of the fetus, membranes, liquor amnii or extravasated blood.

It is known that the greatest danger lies in the hemorrhage, and that it is this which is to be the most dreaded.

As a rule, little if any blood makes its appearance externally; but on the contrary escapes abundantly into the peritoneal cavity (if that membrane be ruptured), and if not, into the sub-peritoneal tissue, when it will collect and form a hematocele. In these cases the blood becomes black and the tissues have all the appearance of being in a gangrenous condition.

Again when the waters have escaped, the hemorrhage may take place into the uterine cavity, being prevented from escaping into the abdomen by the rupture contracting, or some part of the child filling the opening, and so retaining the blood within the uterus.

Still again the uterus being relaxed the hemorrhage will continue and escape directly from the vagina till it destroys the patient. In some cases there is little or no bleeding, the rupture being very suddenly followed by expulsion of the child, and the uterus at once violently and strongly contracting as in an ordinary labor. In some instances the intestines have protruded through the rupture to a greater or less extent. When this is the case, care should be taken that they are not strangulated by the contraction of the uterus; this is prevented by replacing them, and retaining the hand in the uterus till it has attained a firm contraction and the uterus is closed.

PATHOLOGICAL ANATOMY.

Any portion of the uterus is liable to become the seat of a rupture, this varying as to the time of labor, or the period of gestation, the cause, and the condition of the uterine tissue.

When the rupture takes place during gestation, it is nearly always in the fundus or its immediate vicinity, while on the contrary during labor the seat of rupture is in or about the neck, or the inferior portion of the body. Those parts of the uterus that are most liable to rupture are, as above stated, the fundus and neck; also the lateral portions of the body, and supra and intra vaginal portions of the neck.

When the accident is caused by an external injury or some disease of the uterus, the rent takes place ordinarily at the injured point.

This is not always the case in a diseased condition of the uterus, for under some conditions the alterations which have taken place in the uterine tissue are of such a nature that the walls, instead of being weakened, are in fact made stronger, and the rupture takes place at some point distant from the seat of the disease.

When the rupture is due to any irregularity or deformity of the bones of the pelvis, the rent will be found at a point nearest the deformity. As to the extent, form and direction of the rupture, there are hardly two cases exactly alike. The extent may vary from a small hole or opening to one that involves the whole uterus and many of the surrounding structures. In direction it may be transverse, longitudinal, oblique, or in the neck circular, or even zigzag. In one case it took a star-like form. If the rupture is due to previous disease, its presence can be easily detected. The margin seldom presents anything but an irregular, rough, ecchymosed condition, and if the patient lives any time after the accident, signs of a violent inflammation, due to a foreign substance, will be detected in the peritoneum and all the pelvic viscera to a greater or less extent. The rupture may be complete or incomplete, the one involving the mucous or muscular coat or peritoneum alone, while the other involves both. The cervix is the most frequent seat of the rupture, because it is naturally the thinnest, and it receives all the force of uterine contractions, and is more subjected to contusions from the surrounding osseous structures.

TREATMENT.

The indications for treatment in rupture of the uterus vary according to the period at which the rupture takes place, namely, during the early and the latter months of pregnancy and during labor. The measures for treatment may be designated as preventive and curative, the

object of the former being to avert the influence of the causes described as predisposing to this accident; such as extracting the fetus and its appendages as soon as possible, and so facilitate the contraction of the uterus, preventing hemorrhage, and checking, in a degree, the inflammatory action which would otherwise immediately follow. Let us first look at the indications presented for treatment where the rupture takes place during the early months of gestation. Nearly all authors on this subject are agreed that when the rupture takes place during the early months of pregnancy, the case should be left to nature; abstain from all operations, and simply treat the symptoms that follow. When, however, the rupture takes place during the latter months of pregnancy, we must proceed on an entirely different plan of treatment. The ovum must be extracted as soon as possible, and this may be accomplished by either of the following methods, the particular one depending on the position of the ovum; either by gastrotomy, forced dilatation of the os uteri, Cesarean operation, or by incisions made directly upon the neck of the womb. When the ovum remains in the uterine cavity, we should endeavor to open the os uteri artificially (if it is not already open), and so extract the fetus. If, however, there should be any serious obstacle to prevent the rapid dilatation of the os uteri, this method of procedure should at once be abandoned and Cesarean section immediately performed. It is, however, when the rupture takes place during labor that our treatment is of the greatest avail.

All modern writers are generally agreed that in rupture of the uterus the child speedily dies; unless therefore, delivery is rapidly completed, the child must necessarily be sacrificed. This knowledge is of importance, for without it we might sometimes be induced to adopt modes of delivery more painful to the mother and more difficult to the attendant, if we thought there was any likelihood of saving the child. When the rupture takes place the child may remain in the womb or be driven out of the uterine cavity, hence the treatment varies as to the position of

the child. When the child remains in the womb, it should be extracted as quickly as possible, and to accomplish this there are several different methods. If the child has made some advance and the head is resting on the perineum, forceps should at once be applied and the child be extracted; the child being prevented from receding into the abdominal cavity through the fissure, during the application of the forceps, by the hand of an assistant pressing on the abdominal walls of the mother. Care should also be taken that the blades are not passed into the peritoneal cavity through the opening, this being more liable to take place when the rupture is low down and transverse. The forceps should also be used when the head is in any part of the excavation, or above the brim, provided their application is allowable. Dr. Collins does not approve of the use of the forceps in this condition, as he claims that the introduction of the blades forces the head out of our reach; but this difficulty can be easily overcome, as mentioned above, by the hand of an assistant pressing on the abdominal walls. Dr. Collins also says that, "when the head presents and does not recede, it is rarely that lessening it and delivering with the crotchet will not be found the most eligible mode of proceeding." Dr. Collins evidently means by the head not receding it has become impacted; in this condition his treatment is perfectly right; if, however, the head is not impacted, it would be more justifiable to try the use of the forceps and even turning, before proceeding to the destruction of the child, provided there was no deformity of the pelvis or of the child to contend with.

If the rupture takes place during the presence of the medical attendant, turning should at once be accomplished if practicable, unless, as before-mentioned, the head is nearly born and can be removed by the forceps, or the head has become firmly fixed in the pelvis and does not recede before the hand; turning in such a case would be madness; the child must be considered doomed and the treatment by Dr. Collins would then be justifiable. Again

turning is improper or impossible in a case of accidental rupture during pregnancy, or during labor when the os uteri is not sufficiently opened, or during labor when the pelvis is too much contracted, and when the child has escaped into the abdominal cavity, with the following exceptions when the diagnosis is uncertain and when the passages can be forced. Mr. Spencer Wells says, as turning is generally so fatal, he should think Cesarean section could be performed with greater safety. The conditions in which turning is applicable are as follows: When the child has escaped into the abdominal cavity, turning may be performed if the pelvis is roomy, the head not too large, the edges of the rupture not contracted, and the rent not confined chiefly to the vagina; but as contraction of the uterus almost uniformly takes place upon the escape of the child, turning would be out of the question. Turning may be attempted where the head is too movable for the forceps or the crotchet.

Dr. Burns is in favor of turning, and says: "It certainly ought with scarcely any exceptions always to be resorted to." If at any time of the rupture the head recedes so as to make it difficult to operate upon, it will be better to turn at once; do so by securing both extremities. If, however, there is any obstacle to prevent the use of the forceps or turning, gastrotomy should at once be performed. If a portion of the child has passed into the abdominal cavity, while the other part remains in the uterus, we may attempt delivery by acting on that part which remains in the uterus. If the child's foot or feet are hooked over edge of the rupture, the treatment by Madame Boivin would be the best, which is to introduce the hand within the uterus, withdraw the extremity or extremities of the child from the abdominal cavity, and then extract the child by the feet; other conditions being favorable for the same." In some cases when the child is only partially protruded through the rent in the abdominal cavity, the labor pains have alone effected the delivery of the child through the natural passage. In the majority of cases, however, it will be

found that, as soon as the liquor amnii has escaped, a more or less violent contraction of the uterus will follow; and if, at the time of the rupture, the child has been partially forced through the rent, the lacerated edges will close upon the child's body so firmly that the delivery of the child would be utterly impossible. Under these conditions it would be best to enlarge the opening by means of some cutting instrument, and extract the child, provided the passage of the pelvis would admit of such a procedure; if not, the Cesarean operation should be performed, and that as early in the case as possible, as Dr. Harris has shown, in seventeen cases where the operation was performed early, the results were much better. If at the time of rupture the child escapes into the abdominal cavity entirely, and the uterus remains relaxed, and the entire passage permits, the hand should at once be introduced through the rent into the abdominal cavity, and child turned and brought out by the feet. If the membranes remain intact, they must be brought out entire if possible, otherwise rupture and remove after the delivery of the child, together with the placenta and any clots that may be found. As soon as this is accomplished, the hand should again be introduced into the uterus, and by gentle irritation make it contract firmly upon the hand, so preventing a hernia of the intestines and the escape of any fluid into the peritoneal cavity; the placenta, of course, being removed before this is done. If, however, the child escapes into the abdominal cavity, and the uterus contracts firmly, an operation must at once be performed; and as experience has shown that of gastrotomy is the more preferable, and the one from which there has been the greatest number of recoveries.

Dr. Trask says, "the performance of gastrotomy will will furnish the best chance of success, it being relatively greater than any other method of operating." As the operation of gastrotomy has been shown to be the most successful, the question naturally arises, why not perform gastrotomy after every case of rupture? It certainly is in-

dicated, and I cannot see any objection to it whatever. It is well known that opening the abdominal cavity at the present day is attended by very few risks to life; and when these are taken into consideration and compared with those following the escape of fluid into the abdominal cavity,such as we generally have after rupture, it is found they are comparatively slight. I would then strongly urge upon the profession the advisability of performing the operation of 'gastrotomy after every case of rupture, no matter whether the child has escaped into the peritoneal cavity or not. If we have the slightest reason to suspect the presence of any abnormal fluids there—and you hardly can have a rupture without it—let the abdomen at once be opened and its cavity carefully cleared of any debris that may be found. If at any time of the rupture the os uteri is not sufficiently dilated to allow easy access to the child, it should at once be dilated if possible; if, however, this could not be done, then an operation must be performed. Dr. Burns does not approve of dilating the os uteri forcibly, and so delivering; but if delivery per vaginam is possible without violence, it should by all means be the one selected. He also considers the Cesarean operation safer when the os is rigid, and in every respect preferable to violent endeavors to open it; but it should not be performed unless we can save the child, or the patient has reached an advanced stage of pregnancy. Some obstetricians being fearful of the disastrous consequences of an operation, have allowed the patient to remain undelivered, with the hope of her making a spontaneous recovery. Few when so left recovered, and I can see no reason why they should have been so left, unless the attending physician thought the few remaining minutes of the patient's life ought not to be embittered by the agony which every attempt at delivery would be sure to produce; but we must not allow these feelings to have any weight with us, when we know that any little chance for life a woman may have is greatly decreased by her remaining undelivered.

From the foregoing I have arrived at the following conclusions:

1st. That rupture of the uterus is exceedingly rare, occurring only once in four thousand eight hundred and eighty-three cases.

2d. That the most frequent causes are, in their degree of frequency; deformed pelvis, more especially diminished antero-posterior diameter; disease of the uterine tissue; malformation and abnormal positions of the child; ergot and traumatism.

3d. That the symptoms are easily recognized, almost always present, and generally very severe.

4th. That the prognosis is exceedingly variable, the greatest number of recoveries being one in three.

5th. That the greatest number of ruptures takes place from twenty-five to thirty, and in the third and fourth pregnancies.

6th. That gastrotomy is the preferable mode of delivery when the child has escaped into the abdominal cavity.

Let us then consider no case as hopeless, and continue to exercise our uttermost skill while life remains.

CORRESPONDENCE.

MASTER OF HOMŒOPATHIC MEDICINE.

The Medical Counselor of February last has the following hit at our College, "The Homœopathic Medical College of Missouri" proposes to issue two degrees: first, the usual degree of Doctor of Medicine; and second, the degree of Master of Homœopathic Medicine. We wish the Homœopathic Medical College of Missouri an abundance of success in all legitimate efforts to secure large classes and to strengthen themselves. It seems to us, however, as if this new degree were little more than "taffy." Let the faculty of the College referred to turn out men and women who are really qualified to heal the sick; men and women who have mastered the true principles of homœopathic practice, and they will not only find their own hands full, but they will do themselves more justice and accomplish far more for the profession at large than they can do by conferring a new-fangled degree. The faculty of no medical college can proclaim a man a master of homœopathic medicine; that is, a degree only to be earned by the success and toil of a life time."

None know better than the trustees and faculty of The Homœopathic Medical College of Missouri, that perfection in any branch of science, much less in medicine, is not attainable. At the same time there is a certain degree of excellence that is attainable by dilligent study in medicine and kindred sciences; and that those who devote longer time and more attention, and attain to a greater proficiency, and have "mastered the true principles of the homœopathic practice," should have credit for their extra labor, and some additional testimony and expression from their *alma mater*. In the words of the diploma, "*Academic degrees are instituted to the end that men of understanding and talent and gifted with learning should be distinguished*

above others by titles, in order that they themselves might be profited, the industry of others stimulated, and the love of knowledge and the liberal arts increased, etc." Therefore this College has seen fit to confer this degree on those who have attended three full courses of lectures, (one course after graduating) and who possess the requisite amount of academic education, and who have successfully passed a second and more rigid examination on the principles and practice of homœopathy. These should have greater honors, and therefore this degree is conferred on such, and such only. J. T. BOYD, Registrar.

SOCIETY MEETINGS CRITICISED.

BASFOND, ROCHEUX, KY., April 10, 1881.

My dear Dr. Richardson:—When the first number of your COURIER reached me through the one weekly mail we receive at this point, I was surprised at the ingenuity you displayed in finding out my address. The fact is, some one started a rumor a few years since that there was not a single homœopath in this part of the Blue Grass Commonwealth. Consequently homœopathic journals and literature of all kind has not flooded this section to any great extent. It is not positively known how this rumor originated, but it is surmised that it was started either by a doctor who used to live in an adjoining county, who has removed to Texas and gone into the cattle business in combination with doctoring, or another that lived across the ridge and was a school teacher, as well as doctor, who moved to a large city, and we hear has been appointed a professor in a new college of some kind or another. This surmise originated with my neighbor, Dr. Bigtrue, over on the Fork, who thinks these men in their unbounded egotism told every one they came in contact with that Kentucky had nothing left after they had been emitted, and because they owed Dr. Bigtrue and myself a grudge for having been more successful in practice than they were. I fear you may tire of this letter before it is fairly begun, and will now in the start ask your forbearance because I want to tell something, and in your last issue you remember, you solicited each and every one who read the

COURIER to become contributors. Now I want to say that I have been burning to speak out in a public way about some things I know of, and when the COURIER first came to me I went out on a collecting tour to get money enough to pay my year's subscripton, and a big job it was, for we only get six-bits a visit here, and nine times out of ten have to take the pay in truck, but I succeeded in less than a week in getting together the required two dollars in advance, and sent it in the hope, that being prompt with my cash I might create a prejudice in favor of myself and thereby get you to publish what I had written a year or two ago about medical societies, and which I had not yet had the courage, being modest, to send in to any journal, but your call for contributors decided me, and as this is about the season for medical gatherings, here goes.

ABOUT MEDICAL SOCIETIES.

Last year Doctor Bigtrue and myself had a streak of luck as follows: I had a call up the creek to the foot of the mountains, where there has been started a large hotel as a summer resort. When I got to the place I found the head of the first family that had arrived at this health resort was prostrated with malarial fever, parenthetically. It is strange that people will leave their comfortable homes in the cities where they have pure water and go off to inaccessible spots, where the water is either from foul springs or wells that drain their water in part from cesspools, where there are no comforts and malaria, rheumatism, typhus and other lurking diseases are lying in wait, ready to pounce down upon them.

Well my patient was pretty bad off, and as he seemed to have plenty of money and was anxious every visit to know if I did not need counsel in the case. I thought it would be a good chance to help Dr. Bigtrue to a few consultation fees. He was accordingly sent for and together we decided to continue the Ipec. 200 that I had been giving from the first. One day when our patient was convalescent, Dr. B. and I were talking in his presence about the next session of the Southern Institute of Homœopathic Physicians and Surgeons that was to meet that month in Memphis. We both expressed a desire to go,

but each claimed it would be impossible on account of the great distance and the high rate of fare over the railway, when to our astonishment and delight our patient told us that if he was well enough to be left by the time we wished to start, he would give us passes over the entire route! We had not been entertaining an angel unawares, but we had been treating a railroad magnate, and he was as good as his word. We got our passes and went to the meeting of the much-talked-about society for the first and positively the *last* time, even if we could get free passes and hotel bills for ourselves and families thrown in.

The meeting was called to order in a kind of half pompous way by the president, who, after the secretary had in a perfunctory manner called the roll, read his address, full of buncombe, stolen thunder and poorly disguised allusions to his own greatness; in fact, it was intended that the address should have a great effect on all the members from the rural districts and serve as a kind of advertisement for the college with which the president was connected. It fell short of its purpose, and I think I can safely say and in so doing reflect the sentiment of nearly all the country doctors, that, however badly a college may need advertising it should be done in some other way, and that medical societies are not worth attending when controlled by a college clique. The balance of the first day was spent in the appointment of useless committees, hearing the reports of minor bureaus, mutual admiration and nothing in general. The second day we expected great things, as the Bureau of Gynæcology, headed by the chairman, a celebrated specialist, was to report a number of valuable papers. We were in our seats at the opening and looked with surprise as a swaggering dapper fellow walked up to the stand with a travelling bag, from which he took a large assortment of instruments, giving us the impression that he was the strolling representative of some instrument manufacturing establishment. What was our surprise, however, when he was announced as Dr. Tellit Good Crafty, who was to deliver himself (by the aid of instruments) of a report. He commenced by adjusting his eyeglasses for which he had, I am confident, no other use than to display their fine quality; he next surveyed the audience as though it was a herd of inferior beings and he was in doubt as to whether he could dismount in safety from his

dignity (a stolen beast) and address it. Finally, however, he seemed to have concluded that he had mustered up his condescension to the necessary pitch and picked up an instrument which we were gravely informed was a glass cylindrical, or Ferguson's speculum! He went on to exhibit, bivalve, trivalve and duck-bell speculæ as though they were something new and never before seen or possessed by any other than himself, he continued by informing us that they were used for examinations to expose the os uteri, etc., ad nauseum. Finally he stated that it was criminal to use caustic in the treatment of uterine diseases, but that the correct thing was *fuming* nitric acid, chromic acid, phenol, etc.! His paper concluded with the covert information that he could manipulate the instruments and remedies better than anyone else, and a broad intimation that we should send all our patients to him for treatment. The paper provoked some discussion, in which Dr. High stated that he never had occasion to use instruments or local treatment, but cured his cases homœopathically. This caused a sneer on the part of Dr. Crafty, who to clinch his paper said it was the proper thing to do his way because he had learned it in Europe! Dr. Old said he did not often find it necessary to take the uterus outside for an examination, but when he did, why he did.

The remainder of the day was spent in as equally absurd papers and discussions, together with a boat excursion and banquet in the evening.

The third day was occupied by an eye and ear specialist and a surgeon who were quite as pompous and twice as ridiculous with their display of old and commonplace instruments as had been Dr. Crafty on the day preceeding.

The close was finally reached with the election of some bad and indifferent officers.

During a conversation held with one of the physicians hailing from the same town as Dr. T. G. C., I was told that he was hardly ever called in consultation more than once by the same practitioner, for the reason that he almost invariably tried, sometimes succeeding, to get the patient for himself and supplant the regular attendant.

Dr. Bigtrue and myself went home, both wiser and sadder men--wiser as to the tricks of brazen specialists; sadder to realize that medical societies are often prostituted for the purpose of personal and clique aggrandizements.

In conclusion permit me to say that, while I have nothing against medical societies organized and conducted for scientific and practical purposes, I still believe that a majority of those in existence are not of that character, and that I appreciate the necessity of specialists, but at the same time insist that a large number of those now practicing are notoriously incompetent or outrageously tricky in their intercourse with the general practitioner.

Dr. Bigtrue says that if these fellows think we from the country don't know brass when it is as visible as the biggest door-knocker or andiron, they are badly mistaken, that's all; and in the mean time we shall not send them patients nor go to their annual shows.

If I have written too much, Mr. Editor, prune it out, but to tell the truth, I have been boiling and bubbling worse than a Geyser since I went to that miserable society meeting. I had to let it out, and shall, perhaps, feel better now.

When I learn from the COURIER that the societies are on a different footing, I may perhaps try again, until which time or some other occasion, I subside.

A. W. VOIRCLAIR, M. D.

Managing Editor's Easy Chair.

May is the month for society meetings. Dr. Oliver Wendell Holmes says in his humorous poem—*Rip Van Winkle, M. D.*

> Just once a year the Doctor's worthy dame,
> Goes to the barn and shouts her husband's name;
> "Come, Rip Van Winkle!" (giving him a shake),
> "Rip! Rip Van Winkle, time for you to wake!
> Laylocks in blossom! 'Tis the month of May—
> The doctors' meeting is this blessed day,
> And, come what will, you know I heard you swear
> You'd never miss it but be always there."

It is a pity there are not more Rip Van Winkle's, M. D. as far as regards waking up to attend societies. No doctor, we confidentially believe, ever went to a society meeting without being benefited in some way or another, be it professionally, physically, mentally or morally. Wake up all and go, it will do you good.

You will meet old friends and make new ones; your stock of knowledge will be increased; you will be rested and invigorated for the summer campaign.

Do not go empty-handed, but take a practical paper with you on some subject or case with which you are thoroughly familiar, and which will interest and instruct your fellow-members. Do not be afraid to write up what you know, and when you have read it at the society instead of pigeon-holing it, send it in for publication to the COURIER.

SOCIETY MEETINGS.

OMAHA, NEB., April 26, 1881.

State Homœopathic Society at Omaha, May 4th and 5th.

Very truly,

C. M. DINSMORE, Sec'y.

THE American Pedological Society will meet in New York City, June 13, the day before the meeting of the Institute. T. C. Duncan, president; E. Cranch, secretary.

THE State Homœopathic Institute of Minnesota will hold its fifteenth annual meeting at St. Paul on May 17 and 18, 1881. There is every prospect of a successful meeting.

HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF NEW YORK.—Selden H. Talcott, M. D., President, Middletown. Vice-Presidents—J. J. Mitchell, M. D., Newburgh; A. S. Frantz, M. D., Geneva; G. W. Peer, M. D., Rochester. A. P. Hollett, M. D., Recording Secretary, Havana; E. E. Jones, M D. Corresponding Secretary, Albany; E. S. Coburn, M. D., Treasurer, Troy.

OLATHE, KAS., April 23, 1881.

Dear Doctor:—I hope to see you present with us at our next annual meeting, viz.: Topeka, May 4th and 5th. Will you, so please announce in your valuable Journal and greatly oblige,

Yours Fraternally,

JNO. H. MOSELEY, Sec'y.

WISCONSIN STATE HOMŒOPATHIC MEDICAL SOCIETY.
SECRETARY'S OFFICE, Milwaukee, April 20, 1881.

Editor Homœopathic Courier:—Please announce the following in your next issue.

The 17th annual session of the Wisconsin State Homœopathic Medical Society will be held in the City of Fond du Lac, Wisconsin, on Wednesday and Thursday, June 1st and 2d, 1881, in the parlors of Patty House. Great pains will be taken to make this one of the most important and interesting meetings.

Reduced rates will be given by the Patty House proprietor to those in attendance.

EUGENE F. STORKE, Sec'y.

THE HAHNEMANN MEDICAL ASSOCIATION OF IOWA.
TWELFTH ANNUAL MEETING.

Office of Secretary, Dubuque, April 12th, 1881.

I am directed by the Executive Board to announce that the Twelfth Annual Meeting of this Association will be holden at Ottumwa, Thursday and Friday, May 19th and 20th, 1881. The Ballingall House has been designated as the Associational Headquarters during the Episode. Doctor H. W. Roberts, the indefatigable Local Committee of Arrangements, has provided, and will

properly equip an accessible and commodious room for our meetings. The Doctor has also succeeded in securing a reduction of fare on the Rock Island Railway, and informs me that he has reason to believe that a similar courtesy will be done the Association by other lines running into Ottumwa. Further: Dr. Roberts writes me that no pains will be spared by himself to make the forthcoming occasion one which will long and pleasantly be remembered by all participants.

The Bureaus of the ensuing Annual meeting are as follows:

1st. *Materia Medica and Provings*:—T. G. Roberts, *Chairman*; A. C. Cowperthwait, M. H. Chamberlin, G. G. Bickley and E. R. Jackson.

2d. *Clinical Experience*:—W. A. Mellen, J. D. Burns, S. E. Nixon, J. S. Bell and G. G. Bickley.

3d. *Obstetrics and Diseases of Women and Children*:—B. Banton, *Chairman*; Clara Yeomans, J. E. King, D. R. Hindman, R. H. Hurlbut, A. C. Cowperthwait and F. Becker.

4th. *Surgery and Surgical Diseases*:—A. E. Rockey, *Chairman*; G. F. Roberts, R. H. Hurlbut, J. H. Crippen, S. B. Olney, H. W. Roberts and G. A. Corning.

5th. *Medical Education*:—E. A. Guilbert, *Chairman*; H. P. Button, E. R. Jackson and D. R. Hindman.

6th. *Anatomy, Physiology, Pathology and Hygiene*:—J. D. Burns *Chairman*; H. P. Button, J. B. Home, J. G. Bickley and J. G. Rishel.

7th. *Medical Electricity*:—A. C. Cowperthwait, *Chairman*; E. R. Jackson, J. G. Bickley and W. W. Souster.

8th. *Diseases of the Eye and Ear*:—E. A. Whitlock, *Chairman*; A. E. Rockey, G. F. Roberts and A. K. Johnson.

EDWARD A. GUILBERT, Sec'y.

Western Academy of Homœopathy.

Secretary's Office, St. Louis, 1881.

The next Annual Meeting of the Academy of Homœopathy will be held in Chicago, June 8, 9 and 10. A large number of prominent western physicians will be present, and many papers of interest will be presented. All papers should be sent to the Chairmen of the various bureaus, a list of which is appended.

Sanitary Saenic.—G. W. Foote, M. D., Galesburg, Ill.
Pharmacy.—T. C. Duncan, M. D., Chicago, Ill.
Materia Medica.—L. Sherman, Milwaukee, Wis.
Obstetrics.—Julia H. Smith, M. D., Chicago, Ill.
Gynæcology.—M. M. Eaton, M. D., Cincinnati, O.
Pædology.—Sarah C. Harris, M. D., Galena, Ill.
Clinical Medicine.—W. J. Howker, M. D., Chicago, Ill.
Surgery.—A. S. Everett, M. D., Denver, Col.
Ophthamology and Otology.—C H. Vilor, M. D., Chicago, Ill.
Psychology.—N. A. Pennoyer, M. D., Kenosha, Wis.
Statistics and Registration, etc.—R. L. Hell, M. D., Oakland, Cal.

All communications will be answered by the General Secretary.

C. H. GOODWIN, M. D.,
2619 Pine Street, St. Louis. Mo.

PERSONALS.

DIED—March 26, L. E. Ober, M. D. of LaCrosse, Wis. Dr. Ober was a representative Homœopath, well-known throughout the west, where his loss will be seriously felt.

DIED.—In Barre, Vt., Feb. 2, 1881, of abscess of lung following pneumonia, Chas. H. Chamberlin, M. D., aged forty-five.

DR. LEVI DODGE, January 16, aged sixty-one years. He had been a practicing Homœopathic physician in Fall River, Mass., since 1873.

MARRIED.—H. W. Roberts, M.D., of Ottumwa, Ia. was married to Maura R. Lewis, of Ottumwa, March 30. We wish the Doctor success in this new partnership.

DR. GAILLIARD, editor of *l'Homœopathie Militante*, Belgium, has been made an officer of the French Legion of Honor.

REMOVALS.—F. F. Marsh, M. D., from Claremont, N H., to Wareham, Mass.—Horace Packard, M. D., from 87 Appleton to 680 Tremont Street, Boston.—Dr. Cowl to 36 West Twenty-first Street. New York.—Dr. E. A. Dakin to Brockton, Mass.—Dr. C. L. Kingsbury, from Spencer, Mass., to Dudley Street, near Hampden Street, Boston Highlands.—Dr. T. Dwight Stow, from Syracuse, N. Y., to Fall River, Mass.—After May 1. Prof. S. Lilienthal, M. D., from 230 West Twenty-Third Street to 228 West Thirty-Fourth Street, New York.—Dr. C. F. Barker, from Chicago to Holliston, Mass.—Dr. R. L. Hill, from Dubuque, Iowa, to Oakland, California.

Dr. T. J. Patchen from Leavenworth to Topeka, Kan.

Dr. W. F. Hocking from Easton, Md., to Hillsdale, Mich.

Dr. G. C. McDermott to 118 West 7th street, Cincinnati, Ohio.

Dr. H W. Taylor to Terre Haute, Ind., from Crawfordsville, Ind.

Dr. S. F. Shannon from Pittsburgh to 87 Arch street, Allegheny, Pennsylvania.

Dr. W. E. Harvey from North Anson, Me., to Cambridgeport, Mass.

Dr. Wm. Peach from Rochester, Pa., to 115 Arch street, Allegheny, Pa.

Dr. H. P. Gatchell from Atlanta, Ga., to 165 Boylston street, Boston, Mass.

Dr. Millie J. Chapman has removed from 216 to 288 Penn ave., Pittsburgh, Pa.

Dr. Frank T. Burck, of Frederick, Md., to 154 S. Centre street, Springfield, Ohio.

Dr. W. J. Hawkes has removed to Central Music Hall building, rooms 24 and 25, Chicago.

LOCATIONS.

There are many towns in Texas with populations of two thousand to five thousand, with splendid agricultural country surrounding not yet supplied with homœopaths. Among them may be mentioned Denison, Paris, McKinney, Texarkana, Tyler, Waxahachie, Cleburne, Palestine, Marshall, Huntsville, Bryan, Beaumont, Belton, Seguin, Corpus Christi, and many smaller points.

AT Lincoln, Mo. Good paying country practice. Write to Dr. L. E. Whitney, Carthage, Mo.

BOOK REVIEWS.

Owing to the unusual amount of matter crowded on us this month, we are compelled to omit our usual book notices.

We clip the following, and ask all to read and act on it:

"The interest a journal creates depends much less upon its editors than it does upon its contributors. Physicians want practical facts, briefly stated, which are applicable to every day bed-side practice. In order to meet this reasonable expectation as fully as may be, we cordially request our readers everywhere to send us items, reports of cases, confirmed symptoms, provings, society proceedings, personals, etc. If you have an interesting case to report, don't wait until you forget all about it, but sit down and write it out in a compact form, and send it on. If you have not the time to write in full, send on the facts, and we will put them in proper shape for publication. If you have a new instrument, or a discovery in materia medica or therapeutics you wish to bring before your medical brethren, sit down and write out the facts and forward to us. We desire all our friends to help us make a first-class No. 1 journal."

A Generous Gift.—The public bequests made by the late Stephen N. Stockwell, editor and one of the joint proprietors of the Boston *Journal*, are as follows: To the Massachusetts homœopathic hospital, the sum of $5,000 for the purpose of establishing a perpetual free bed for the use of such sick and destitute printers of Boston as shall be designated by the Boston Franklin Typographical society.

CASE FOR ADVICE.

GOITRE.

I have a patient that I am very anxious to cure—she is of a good family and well-known here, and if I can cure her I can get many other good cases.

The patient is a married woman and has two children, one nine and the other two. Her trouble is a goitre neck, and the goitre about the size and shape of a coffee saucer. She is of a scrofulous diathesis and rather rheumatic, but with that exception has good health. She is rather fleshy, light complexion, blue eyes and brown hair, is very nervous and easily discouraged. Her goitre has been growing for seven or eight years and is getting quite hard.

Now Doctor please give me some advice, for as the saying is, it will be a feather in my cap if I can cure her. It seems to run in the family; her sister and cousin have goitre necks.

ANSWER.

The remedies for goitre are: Caust. Natr. corb., Iodine, Spongio, Calcor. Brom., and Lycop. You had better begin the treatment with Spongia, 200, after which, in case of no success, give Sulph. high, and afterwards Iodine.

Give the medicine during the decline of the moon. (Compare Jahr's Forty Year's Practice, page 251)

THOS. MATHESON.

APIS.

DEDICATED TO PROF. R. A. PHELAN,
BY A MEMBER OF THE CLASS.

Consider the ant's ways
For it works and not plays
For so Solomon says
And the sluggard from it should learn wisdom.
But our Phelan, says he:
You must go to the bee,
For the best remedie.
To prevent a miscarriage, should it come.

Now our Phelan has more
Of sound Medical lore,
Than I ever before
Knew a materia medicis to know
I now rise to explain
In a metrical strain
Though the thought gives me pain
That I once robbed bees to my sorrow,

And a *proving* I made
And the penalty paid
As I should have said
Experimenting in that direction
For the curs'd little things
With their slim poisoned stings
Caused me great sufferings
With their hot hypodermic injection

Had I been enceinte
Away it would have went
Like wind through a vent
And left me in a wretched condition.
But some doctors may say:
In this dose it won't pay
I tried many a day
But I will try in another direction.

For I'll just take the bee
And put it—let me see,
Ah yes! Just to a T,
Right above the sacro-iliac junction.
Thus I'll give *Apis first*,
For that could not be worse
Than to give if we durst
A little hypodermic injection.

A mule on a tread mill
Employs just as much skill
As the quack with his blue pill.
When he doses without calculation.
For his work is all wrong,
While he blunders along
As I do in my song.
For want of correct information.

Now a column I raise
To Phelan's great praise,
And from henceforth always
I'll keep close to the law, and the fact is
My Pegasus I'll stride
And with sword by my side
Like Perseus I'll ride
And fight the hermaphrodite practice.

The Homœopathic Courier.

VOL. I. JUNE, 1881. No. 6.

Department of Theory and Practice.

J. T. BOYD, M. D., Editor.

FUNCTIONAL DISEASES OF THE HEART.

[Continued from Page 263.]

The diagnostic signs furnished by auscultation between organic and functional diseases are as follows:

In functional disease we may have, as we before observed, the purring sound, but this is where there has been a large or protracted hemorrhage, the vessels are not so full, and therefore, according to well-known acoustic laws, there would be more or less noise, and a perceptible thrill communicated to the hand when applied over the top of the chest.

The same would occur in anæmic persons from a similar cause, which together with the pallor, small, quick, jerking pulse, would determine the case.

In organic disease, all auscultatory signs are more permanent. In ossification of the aortic valves, there is a distinct sound of regurgitation, from the imperfect closure and shortening of the valves. This regurgitation is immediately followed after the systole of the ventricle.

In induration or ossification of the mitral valves, there is a distinct clack, and the hissing sound, during the contraction of the ventricle, as if the blood was forced through a small opening, surrounded by dense tissue.

In dropsy of the heart, the sounds are less distinct, as they have to pass through a quantity of water, this deadens the sound, and the impulse is less, all giving the idea that the heart is *farther away* than natural.

"Briefly to mention the symptoms of organic valvular diseases of the heart, they are, cough, copious watery expectoration in many cases, dispnœa, orthopnœa, frightful dreams and starting from sleep, œdema of the lungs, pulmonary congestion and apoplexy, passive hemoptysis, (*i. e.* sputa stained with dark or grumous blood, which occurs especially in great contraction of, or regurgitation through the mitral valve), turgescence of the juglar veins, lividity of the face, anasarca and dropsies in general etc." *

"Pain in the heart, and near it, is frequently a pure nervous symptom. It has already been stated that this, when acute, is more frequently a nervous sensation than a sign of organic disease. It is in some cases a pure neuralgia, sharp and lancinating, and extending from the spine to the neighborhood of the heart, or along the ribs and to the epigastrium. Sometimes it alternates with pain at the latter situation, or with other disagreeable sensations. In other instances there is general soreness about a large portion of the chest, especially in the neighborhood of the heart. All, or any of these sensations may coincide with positive organic disease, but not necessarily so, they may be perfectly independent of it, and of no real danger, although causing extreme annoyance to the patient."†

*GERHARD.
† HOPE.

This must not be confounded with angina pectoris, which is a more serious disease.

Persons afflicted with pain in the region of the heart, at once conclude that it is angina pectoris, and are in constant anxiety and fear of death, and by thus keeping their minds constantly on their condition, it increases the disturbance, and may ultimately cause what was at first a mere temporary nervous disturbance, as rising from flatulency or dyspepsia, to assume a much more serious condition.

The best description of angina pectoris, is from Da Costa and is as follows, viz:

"Although the nature of the complaint may be hidden, the symptoms are obvious enough. We do not know what the precise causes of angina are; but we do know that they occasion paroxysms of the most intolerable anguish. These paroxysms come on suddenly and pass off suddenly. Their main feature is an agonizing pain in the præcordia, as if the heart were being firmly grasped by an invisible hand, or as if it were being torn to pieces. The pain however is not limited to the cardiac region it radiates in various directions, shooting to the back, to the neck and especially to the left arm, But this is not all; worse than the pain are the intense anxiety and the feeling of impending death. The heart palpitates during the fit; and yet, if we judge by the character of the pulse, its movements are not materially disturbed. The beat of the artery at the wrist may be small, may be weak, may be irregular, may be accelerated; but it may also be full, be strong, be regular, and not increased in frequency. The face is generally pale; difficulty in breathing, contrary to what might have been expected, is not a prominent symptom, and is often wanting.

The duration of the fits is as uncertain as the causes which excite them. They may cease in a few minutes;

they may last upwards of an hour. They come on rapidly, without any assignable reason; they are reproduced by bodily ailment or by exertion or mental irritation."

TREATMENT.

In general, all sources of stimulating, rich, or indigestible diet must be at once abandoned, and in all cases a quiet habit of life should be observed. Everything calculated to produce violent emotions of grief, anger, joy or depressing mental manifestations, must be avoided.

In plethoric persons the following remedies will be found useful: *Veratrium viride, aconite, bromide of ammonium.*

In anæmic persons on the other hand, a more generous diet may be used; moderate exercise in the open air and everything tending to restore the assimulative organs, and to increase the standard of health. The remedies to be consulted are: *China, cuprum, ferrum, mineral acids,* and the *hypophosphites of lime or soda, nux vom., ignatia, etc.*

In cases where the disease is symptomatic of some disease existing in some other part of the body, the appropriate remedies, peculiar to such diseased organs should be studied; as *pulsatilla, platina, sepia, gelsaminum, cimicifuga, nux muschata, etc.*, for uterine difficulties. Other remedies that may be studied with advantage are: *Digatalis, collinsonia, phosphoric acid, bromide of potassium, sanguinaria, prunus virginiana, cactus grand., etc.*

In purely functional or sympathetic disease, these remedies will act sometimes like a charm, curing permanently some of the most alarming cases. But when the disease is organic, especially if it is of long standing, little can be hoped for from the use of remedies, and yet, in some of

apparently, the most hopeless cases, great relief has resulted from the remedies here indicated, and useful lives prolonged.

Tranquility of both body and mind is a *sine qua non*, in the treatment of all diseases of the heart.

The afflicted person should avoid all places where the mind is much disturbed, the theatre and the church alike, especially the latter during a period of exciting revival.

During the paroxysm of angina pectoris relief must be obtained immediately, if not, the young physician will be superceded by an other, or older practitioner.

Hot fomentations over the breast, and inhalations of ether or nit. of amyl, promises the most speedy relief. During the interval, some of the following remedies may be given with hope of success:

Aconite, especially in phlogistic persons.

Arsenic, especially in malarious districts, and where the disease assumes the periodic character, *nux vom.*, *digitilis*, *cactus grand.*, *glon.*, *spigelia*, *etc.*

ABSTRACTS OF CURRENT MEDICAL LITERATURE.

In the January Number of the *St. Louis Clinical Record*, the editor, Dr. Wm. B. Hazard, one of St. Louis' most eminent allopathic physicians, shows his manly independence and gives that Procrustian bed code of ethics, that has governed (trammelled) the better class of allopathic physicians, the grand bounce as follows, viz:

* * * "The fruits of this "code of morals" show for themselves the fact that we have heretofore stated: that the code has outlived its usefulness; it is no check upon the vicious, and the decent practitioner has no use for it; its prohibitions are such that grown men ought to feel ashamed to be asked to subscribe to them, and, finally, no reputable or cultivated *gentleman* has any

need for it. As it stands, it is a monument to the puerility of our professional ancestors and their puny descendants. We shall see the day when a truly national medical association will be established upon a purely scientific foundation; one in which village gossip or private malice shall not have power to blast the fairest reputation; one to which achievement in science shall be the passport and in which the arts of the pot-house politic shall not be omnipotent. When that day comes the weaklings, the "prostitutes masquerading as honest women," like our attenuated critic, shall keep to the street where they belong and hold converse only with their peers."

We are gratified to see such independence in our allopathic brethren and look for the time to come when Dr. Hazard will be as free to quote from homœopathic journals and text books as we are to quote from allopathic works,

"No pent-up Utica controls our powers
The whole boundless continent is ours."

The ridiculousness of one feature of the code, is that of refusing to allow their members to consult with members of another school; as was manifested in the case of Dr. Kidd, of London, with regard to the sickness and death of Lord Beaconsfield. No allopath would consult with Dr. Kidd, who stands head and shoulders above those who refused.

There was a time when allopathy thought, that by this code they would stamp out irregular medicine, but their success is not apparent just now to any alarming extent.

Their stamping is like the drunken men in the song, stamping in the gutter and counting the strokes of the clock; the stamping only defiles their own clothes, and renders them ridiculous to all sober observers.

A FAIR DESCRIPTION OF ALLOPATHIC PRACTICE.

General Taylor at the battle of Buena Vista, when told by one of his corps commanders, that his army was

being decimated by the enemy, replied: "Let us look at the enemy and see his condition."

They did look, and found that the forces of Santa Anna were nearly demoralized, and from this the wily old Rough and Ready concluded that victory was in his reach and gave that immortal order, "a little more grape, Captain Bragg," and soon the victory was won.

In the warfare of light against darkness, progress against bigotry and intolerance, there is a disposition to weaken the efforts of the army of right by dissentions in their own ranks, and this disheartens those who are laboring to erect the noble superstructure.

While the rank and file of the homœopathic army are contending and weakening its strength by dissentions on the subject of attenuations and potencies, and the faint-hearted are disposed to falter, let us take a look at the army of the enemy.

In *The Clinical Record* of this city, one of the most ably conducted of our allopathic journals, we find in the March number, a well written article by Dr. R. A. Armistead, which we here reproduce to show the demoralization of the opposing army.

The article is headed:

MODERN MEDICINE AND MEDICAL PRACTICE.

BY R. A. ARMISTEAD, M. D.

I propose to offer a few thoughts upon the subject of medicine and its practice as presented to us in this marvelous age of invention and transcendent progress and civilization, and I wish it distinctly understood that I do not design what I shall say as an attack upon the learned profession, but, on the contrary, I simply wish to present my views in the form of an expose of what I conceive to be *evil practice legalized.* If I did not believe there was

truth in medicine I certainly would not practice it, and yet candor compels me to say that I think truth and error are so equally blended that the world would be nearly as well off without doctors as with them. Where there is one physician who cures his patients, two may be found who kill theirs, consequently, if there were no practitioners some who now get well would die, and others who die would get well, and the percentage of fatal cases would be no greater than now. This is a sad commentary on the practice of medicine, but it is my honest conviction, and I think the subject should be gravely discussed instead of being covered up under a morbid professional courtesy whilst hecatombs are daily sacrificed upon the altars of ignorance and a multiplicity of false theories.

Medicine should repose upon facts, the offspring, of experience and not upon theories, as is so much the case now.

Is medicine a science? This is an important question, and should have been settled long ago, but like everything relative to medicine, remains in dispute. A science always proves itself and leaves no room for dispute; then medicine can not be called a science because it has not within its whole domain an undisputed truth or principle. Medicine stands related to the sciences, but, *per se*, must take its place with the arts.

Medicine, as presented to us to-day, is nothing but a bundle of theories as diverse as the leaves of the forest, and as diametrically opposed to each other as the poles. It is nothing but a strange conglomerate of truth and falsehood so intimately blended, that there seems to be no prospect of ever unraveling it. The only guide a physician has is his experience. Should he be a close observer and a good reasoner he will become a successful practitioner, but should he, unfortunately, *embrace a theory, he will only become a patron of the undertaker and gravedigger.*

In a legal point of view, it is becoming more and more difficult every year to tell what mal-practice is, because in the regular profession (which has set itself up as the standard in such cases) may be found a precedent for the most absurd and destructive practice as well as the most contradictory, outraging both reason and common sense. Allopathic "medicine" may be compared to an army with an independent commander for each brigade, which of course, would fall an easy prey to a well disciplined enemy, which accounts for the increase of the irregulars all over the country.

Homœopathy has its *shibboleth*, and, indeed, all other *pathies*, but the only rallying cry of "Allopathy" is "*quack quack; down with quackery*," and yet, if there is any remedy which it does not advocate for the same disease, from water of all temperatures up to alcohol, and from starvation up to cramming with food, I can not call it to mind.

Is the divine art of medicine, then, advancing? I answer, it is ever advancing or retreating, and, of course, eternally on the march. The misfortune is, that it never stops, either in its advances or retreats, until it makes itself ridiculous. The medical art has advanced in physical diagnosis to such a degree that it has become a great deal more respectable and fashionable to permit the symptoms of a disease to proceed in their regular order that they may be traced from their incipiency to the fatal termination, than to cut the disease short or to cure the patient. The physician who can trace from day to day the symptoms in pleuritus and tell with precision when and where effusion has taken place, then verify his diagnosis with his trocar and let his patient die, is much more popular than he who not only locates the disease but promptly arrests the inflammation before it terminates in effusion and saves his patient. The *morbidly* scientific physician may diagnosticate his patients to death by his long and too frequent examinations, but it makes no sort of difference, he will still be looked upon as a most wonderful man in his profession. And why should it matter if his patients die, so he

can tell what kills them, and illustrate beyond a doubt that death commenced in the head or in the lungs, heart, stomach, or perchance, in the intestinal canal.

I once had a very sick fever patient over whom a consultation was held. I had taken accurate note of the pulse rate and temperature before the doctor arrived, and was prepared to witness the effects of his examination, which lasted about half an hour. After he was through I found the pulse had gone up from ninety-eight to one hundred and twelve, and of course there was a corresponding increase of heat. In this case the patient's safety was jeopardized by the protracted examination, which developed nothing new and was unnecessary. And thus diagnosis, which is of the utmost importance and indispensable, is being converted into a grave evil in the hands of such physicians. The great bane of the profession is, its continual tendency to run into extremes. Like the pendulum of a clock, it must vibrate forever between Scylla and Charybdis, there seems to be no middle ground upon which to rest. But the most wonderful somersault that has ever been performed in the practice of medicine since the days of Hippocrates has taken place in the department of therapeutics. It consists in the complete substitution of the stimulating plan of treatment for the antiphlogistic. Stimulants have entirely superceded depleting and cooling remedies even in the most violent fevers and inflammations, They answer equally well to bring down or raise the pulse or temperature. And thus the practice of medicine has at last been reduced to its lowest denomination, and its functions may be performed as well by a man without brains as by one with brains, as all he has to do is to give plenty of quinine and whisky, and be sure to stuff his patient with some kind of food regardless of the condition of the stomach. There is no possible chance for the doctor to make a mistake unless he gives too little,

To illustrate this practice I will relate two cases. The first was one of typhoid fever to which I was called about

the seventh day of her illness. I arrived at 9 A. M. after the attending physician had made his morning visit. I found the patient with a pulse so rapid that it could not be counted, intense heat and delirium prevailed. She was taking five grains of quinine every three or four hours and drinking brandy and milk *ad libitum*, and being thirsty she took it freely, but fortunately she would vomit every thirty or forty minutes. I was told by the nurse that she had not slept for five days and nights. Feeling confident that something would have to be done speedily or death would be the consequence, I ordered the brandy milk and quinine discontinued, but gave her nothing until she had thrown up all the milk, which was in large cheesy lumps that would have required the stomach of an ostrich to digest. In the mean time I had the entire body sponged frequently with warm water, which had a most soothing effect and reduced the heat. As soon as the stomach became quiet I gave three drops of Norwood's tincture of veratrum viride, which produced slight nausea but no vomiting; the dose was then reduced to two drops every three hours, which produced excellent results. At night when the doctor returned, the pulse could be counted and was a hundred and thirty. I had substituted beef tea for the milk and only gave a tablespoonful every two hours. At night we gave a dose of Dover's powder which produced several hours' sleep. The next morning the pulse was a hundred and twenty and the heat still farther reduced. Two grains of quinidia were now given every two hours instead of quinine, which had produced almost total deafness, and in two days the hearing was entirely restored and the pulse reduced to ninety-five. No more brandy or whisky was given until approaching convalescence when the perspiration became profuse. During convalescence she drank pure crab-apple cider with great relish and the best effect. I wish I could always get it for such patients. This patient made a rapid recovery, and I shall ever believe she was saved by the radical change of treatment.

The second case was a young man who had been sick at least two weeks. I found him taking large doses of quinine and whisky and as drunk as Bacchus. By making a short temperance speech I prevailed on the attending physician to "taper him off" and sober the poor fellow, which was done, and he recovered in due time. I asked the doctor what he most relied upon to reduce fever? He replied, whisky and quinine. Then, said I, in the event you wish to raise the pulse, what do you give? Whisky and quinine, of course, said he. If such practice is not a complete burlesque on the profession of medicine I cannot divine what would be, for, to my mind, it makes it look pretty ridiculous.

That alcohol is a good medicine none can deny, but it is like a great many potent remedies, capable of doing immense mischief if improperly used. That it is now being terribly abused as a medicine I have not the slightest doubt, and as a remedy in the hands of physicians I believe it has killed more patients within the last seven years than were destroyed by blood-letting during the zenith of its glory and the long time it was so fearfully abused.

The great objection urged against bleeding is, that it impoverishes the blood by diminishing the red globules and thereby induces anæmia. It is indeed strange that such an objection should be urged by any well-informed physician when the battle-fields and hundreds of puerperal cases prove its entire safety, by demonstrating how readily the system, under proper treatment, generates new blood after the most profuse and exhausting hemorrhages. Blood-letting is the most powerful promoter of absorption known to the profession, and it is upon this principle that it gives such signal relief in local congestions and inflammations.

Whilst the whisky doctors are so terribly afraid of bleeding, they are offering up hecatombs of victims on the altar of their fiery god, alcohol. According to this stimulating theory we have no further use for the many

and learned volumes written on materia medica and therapeutics, since by one grand retrograde movement it has reduced the whole thing down to whisky and quinine, and rendered it possible for an individual with hardly three ideas above an oyster to practice medicine. It is high time that the profession should cease its railings against quackery and mal-practice, and it would cease to be a wonder that irregular medicine "flourishes like a green bay tree." For my part, were I reduced to the alternative of choosing between them, I would prefer the steam doctor, because his therapia embraces at least four remedies, to wit: lobelia, composition tea, cayenne and steam, each good in its place. I would prefer the Homœopathist because there would be no danger of his killing me, and he would at least give Dame Nature a chance to try her canny hand. The Episcopal church should add the following item to its profoundly solemn litany: "*From the evils of alcohol and whisky doctors, good Lord, deliver us.*" For if ever a special Providence interferes in the affairs of men, now is a most propitious time to bestow a wonderful blessing upon poor afflicted humanity.

But the divine art of medicine has made astounding strides in another direction. It has given to its nomenclature what may be termed a fungous growth, on account of its rapidity. New words are daily being substituted for old familiar terms, and the *ities*, *ologies* and multiplied *scopes* have taken a wonderful scope, and would now fill a respectable-sized volume. Our vernacular tongue is not refined and expressive enough to suit the lisping twaddle of the would be learned of the profession, and all the French phrases that can be brought into requisition are being woven into the medical literature of the day. French weights and measures have been introduced, for what purpose it is hard to tell, and the lives of the people still further jeopardized from the mutiplied dangers of mistakes. Medical dictionaries should now be published like the United States Dispensatory, every two years. But there is hope that as the practice of medicine

has been narrowed down to two remedies (whisky and quinine), good may spring out of evil, and this word-making propensity man may be checked, for under the new *regime* we have but little use for old or new medical terms and phrases.

There is another peculiarity about this modern practice worthy of note. According to the reports of its votaries they are the most successful practitioners that ever lived, and yet the graveyards, as true as finger boards, flatly contradict their statements, for these receptacles of the dead always look as if they had just been plowed up.

There are those so reckless as to advocate the external use of cold water in measles, and absolutely affirm that it acts like a charm, and is one of the greatest discoveries of the age. Now I might have believed these statements, and been silly enough to have tried it, if I had not seen this practice tested years before it was thought of by any physician. It happened on this wise : In the month of July the measles broke out in a family of four, husband, wife, and two children, living in the country nine miles from the city. The neighborhood physician was called in and pronounced the disease scarlet fever, and forthwith began to sponge with cold water. In forty-eight hours he had killed the mother and infant. Of course, a panic ensued, and I was sent for to see the oldest child, which took the disease last, but which, unfortunately, had been treated in the same way, and was entirely insensible from congestion of the brain and lungs. As soon as I got the history of the cases, it was plain enough that the disease was measles, for they were all taken with well-defined catarrhal symptoms. The child died the next day, and in a few weeks the doctor left the country, and should have left the profession, but he still hangs on and is making a living, for he can give whisky and quinine as well as anybody, and if his patients die he has plenty of good company, and they die according to law and an approved theory.

TO PREVENT THE SPREADING OF SCARLET FEVER.

J. DAVIDSON, M. D.

The following rules have received the sanction of the highest medical authorities, and when faithfully carried out have been found effectual in limiting the contagiousness of scarlet fever. At the same time it should be remembered that it is also epidemic as well as contagious, and cases frequently occur where contact has not taken place:

1st. Prompt removal of the healthy from sick children, even members of the same family, as far as possible.

2d. The destruction or complete disinfection of every article that has come in contact with the sick.

3d. If possible, the patient should have a separate room, into which none but nurses are admitted.

4th. Remove from the room useless furniture, as musical instruments, book-cases, cupboards, and everything which can collect dust and dirt, as window curtains, and above all woolen or heavy drapery, carpets, etc. The contagious germs are deposited as a fine dust, on woolen goods and carpets especially, and will retain the vitality of the poisonous germs for a long period. Never allow the patient to expectorate on the floor or on carpets; use spittoons containing a disinfecting fluid. The secretions of the mouth and nostrils are heavily charged with poisonous germs, and when dry and deposited on the floor or carpets, have the power of reinfecting almost indefinitely.

5th. Ventilate the room by an open window at the top, or if very cold weather, ventilate the adjoining room, the door between being left open, but protect the patient from direct drafts of air.

6th. Keep the patient clean, changing under clothing often, and every article used by him should be thoroughly

disinfected. The expectoration and other discharges should be received into vessels containing disinfecting fluids, chloride of lime, one-half pound to a pail of water; or carbolic acid, two ounces to a pail of water, and should be immediately removed and buried. The underclothing should be in one of the above fluids an hour or two and then washed in very hot water in tubs used only for this purpose. Water at the boiling point promptly kills the fever germs.

7th. Instead of using pocket handkerchiefs about the patient use pieces of cotton or linen, and burn them when soiled.

8th. The sweepings and dustings of the rooms should be destroyed by fire.

9th. The nurse's clothes and hands should be disinfected and washed in one of the fluids as above, frequently.

10th. Dry the clothing after washing with a high degree of heat, and then give them a thorough airing in the cold air. Extremes of heat and cold destroy the fever germs.

11th. The convalescent should not mingle with the healthy in less time than a month from the beginning of the attack. The room he has occupied should be thoroughly cleaned and disinfected, and repapered or painted and the windows and doors be allowed to remain open a long time.

12th. The patients should be separated as much as possible from each other in the same house, as they reinfect each other and add to its malignancy. Deny to all children admittance to the house, and all visitors except nurses, until the complete disappearance of all symptoms of disease of the throat and skin.

Finally, all display should be prohibited at the funerals of those who have died of scarlet fever. Children should not be allowed to be there, and the opening of the coffin in the presence of friends should be avoided.

In conclusion, if these rules are observed at the homes of the sick, healthy adults, with no family of small chil-

dren at home, need have no fear in giving aid and nursing in afflicted families, as scarlet fever in the adult is a very mild disease, especially if the subject has had it in childhood. But avoid coming in contact with young children, nevertheless. If you cannot assist the afflicted at their homes, you may furnish means to the poor in assisting them to carry out the above means of prevention.—*Bistoury.*

PROTOPLASM.

S. O. GLEASON, M. D.

This term is derived from the Greek, *protos*, first *plasso*, to form. It is a colorless, smooth or granular viscid substance, homogeneous in character. It is readily detected under the microscope by the ease with which it combines with coloring matter, such as aniline and carmine. It coagulates in alcohol, in mineral acids and by heat.

This substance resembles other albumoids and consists of carbon, oxygen, hydrogen, nitrogen, and a small proportion of sulphur. It has the power to absorb the water in various quantities which makes it nearly liquid, while at other times it becomes firm and leathery.

Its more permanent qualities are excitability and contractility. Protoplasm is called the "physical basis of life," the original substance from which all living beings are developed and is present in every phrase of life. All that is comprehended under the term life, whether in the growth of plants or animals, in the flight of birds, or train of human thought, is supposed to be caused by organs which consist of protoplasm, or have been developed out of it.

It is present wherever there is nutrition or propagation, motion or sensation. There are certain protozoans—called *monera*, the entire body of which, with all its capabilities is made up and consists solely of protoplasm.

They are the simplest organizations with which we have any knowledge and the most minute and structureless of living beings that we can conceive as capable of existing. Their entire body is but a single formless mass or rather lump of protoplasm, with no combination of parts; yet, they perform all the functions which in their oneness, constitute the most highly organized animals and plants. They illustrate in their simple existence, the varied phenomena of life. Such as motion, sensation, nutrition and propagation. By studying these simple *monera*, we obtain a very clear and definite idea of the nature and importance of this living substance, called protoplasm.

These *monera* live in both fresh and salt water. As a rule they are invisible to the naked eye--while some of them are as large as the head of a pin. They are among the things that are of intense interest to the microscopist. When at rest the monad has a spherical shape. The surface of the body may be smooth—or very delicate threads may radiate from it in every direction. These thread-like extensions of its substance are not permanent organs. They come and go—they vary every moment in number, size and form. For this reason, they are pseudopodia or false feet. Thus, the functions of the higher animals are performed by these simple means; for, by shortening or enlongating these finger or thread-like prolongations, they drag their bodies after them. If any point of the body or any filament be touched with the point of a needle—or any chemical substance, or current of electricity, the threads are drawn in and the body contracts and assumes a ball-like shape. These filamentous prolongations perform the function of food providers. The psuedopodia when extended, come in contact with infusoria or other food particles, envelope them in their substance and convey them into the interior of the body, where the nutrition is absorbed and the remainder is ejected as useless. The variations in the *monera* consist in many kinds of pseudopodia and in the many modes of reproduction. Some divide into halves; others put out

small buds which in time separate from the parent; others, still burst into numerous small round bodies each of which begins a separate life, until it reaches the size of its ancestor.

The single, simple cell is able to live as an independent organism. Many of the lowest plants and animals retain for life all the characteristics of a simple cell. The most primitive unicellar organism is the *amœba.*

The *monera* is supposed to have no germ, while the amœba, as other cells, has this germ, an organ of propogation and heredity, while the other functions, alimentation, motion and sensation are performed by the protoplasmic body substance.

Thus, cells reproduce themselves by a division of the germ, around each half of which protoplasm gathers, until the main body separates into two distinct cells, each of which grows and subdivides an indefinite number of times

Cells are elementary organisms, minute forms of life, which may live independently, or in higher forms, may combine in multitudes to form a community. So, it comes to pass that the various forms of life by differentiation of cells [brought about by the different chemical arrangement of the granular structure of protoplasm] are evolved. —*Bistoury.*

PERNICIOUS INTERMITTENTS.

Prof. N. S. Davis, M. D., of Chicago Medical College in a lecture on this subject (Boston *Medical and Surgical Journal*, March 3, '81) claims that the presence of the malarial poison in the blood produces a primary and direct effect on the elementary properties common to all the tissues, viz: susceptibility and vital affinity, and that the nervous disturbation is only a part of this more general action. It primarily causes an increase of the general susceptibility or excitability, coincident with a decided

diminution of the vital affinity by which the tonicity of the tissues and the atomic movements are controlled. The difference between an ordinary and a pernicious paroxysm is the more profound depression of the vital affinity in the latter. The essential pathology of the pernicious chill is, that the play of vital affinity is so far overcome as to make the restoration of the natural atomic or molecular relations between the constituents of the blood in the capillaries and the organized tissues extremely difficult. This being the essential feature of the disease, it is necessarily dangerous, because whenever the properties of the tissues become so involved that they lose their inherent power to attract new atoms from the blood and return old ones, as in the natural processes of secretion, nutrition, etc., there is not only imminent danger of the cessation of life, but there is also great difficulty in obtaining any effect from the administration of remedies.

For clinical purposes, he arranges all cases classed as pernicious in five groups, viz: the comatose, the spasmodic, the pulmonary, the choleraic and the algid. The first two groups may be united in one, by calling it the cerebro-spinal. In the first group, two important varieties are included: In the one the patient is unconcious or comatose from the very beginning of the paroxysm, the coma may hourly become more profound, the face pale, the temperature low, pulse feeble, respiration irregular and pupils dilated; in the other after a comatose period, partial reaction soon takes place, the face becomes deeply suffused, the head and trunk hot, pulse more full, and respiration hurried. The coma may give place to wild delirium, which may end either in the supervention of sleep, and an intermission, or the return of coma, general paralysis and death.

The second group is characterized by the paroxysm being ushered in, not by coma, but by severe muscular contractions, either continuous or paroxysmal, as in convulsions.

The pulmonary and choleraic groups are marked by symptoms of intense congestion of lungs and digestive tract, respectively. Frof. Davis describes them at length, but we have no space for a citation of the descriptions. The cases accompanied by a hemorrhagic tendency he places in a choleraic group. Primarily, all are more or less cold, but there is a class of cases where the patient becomes almost at once cold and blue, and ultimately his organic functions cease without any specific determination to one important organ more than another, unless it be to the cutaneous surface in the form of copious cold sweating. The autopsy reveals nothing more than a paler or drier state of the tissues than natural. In the other forms, the *post mortem* appearances are simply those caused by an overplus of blood in those organs and viscera manifestly disturbed in their functions during life.

Treatment.—The leading and important indications for treatment are: 1, to bring about general and uniform reaction by the prompt use of such means as will most efficiently increase the tonicity of the tissues, the molecular changes, and the vaso-motor sensibility; 2, if we succeed in this, and thereby conduct the patient safely to the commencement of a period of remission or intermission, the second indication is to bring him, as speedily as possible, so fully under the influence of some anti-periodic as to prevent the supervention of a second paroxysm.

To fulfill the first indication, it is the general custom to administer hot and stimulating remedies internally and to apply all kinds of heating and irritant applications externally. Prof. Davis states that all these are without the slightest beneficial effect on the patient, After quoting Dr. Drake to the effect that both external heat and the internal use of what are called alcoholic stimulants are absolutely useless in the depression of a true pernicious paroxysm of malarial fever, he uses the following language, to which we direct especial attention: "From what we now know of the effects of alcohol as an anæs-

thetic to nerve sensibility, and direct retarder of molecular changes and capillary circulation, we should not only expect no benefit, but positive harm from its use in these cases. Under the theory of internal congestion, especially of the portal system of vessels, bleeding, large doses of calomel, and various kinds of emetics have been tried, but with no encouraging results, except in a few cases where an emetic of salt and mustard appeared to aid in establishing reaction."

Accepting Milne Edwards' demonstration that heat diminishes the general tonicity and relaxes the contractile tissues of the body, and that cold increases both by bringing the atoms closer together and strengthening the play of vital affinity, Prof. Davis is naturally led to the following: "Whether you agree with me that malaria acts directly upon the elementary properties common to all living tissues, or indirectly through a primary paralyzing influence on the vaso-motor nervous system, as suggested by most writers. They point directly to the sudden and temporary application of cold as the most rational and efficient means we possess for arousing nerve sensibility, capillary circulation, molecular movements, and, as a result, an increase of temperature."

The patient is stripped, and several gallons of cold water suddenly dashed over the head and trunk of the body; he is then quickly rolled up in dry flannel blankets for thirty minutes. If there is no decided improvement in pulse and temperature at the end of that time, he is unwrapped and the dashing with cold water is repeated, followed as before by rolling in warm blankets. This may be repeated three or four times if necessary; generally two repetitions suffice. This plan, theoretically correct, has the endorsement of direct clinical experience. Dr. Fearn, of Huntsville, Alabama, had great success with it as long ago as 1830, and Prof. Davis has used it successfully on two occasions.

In those comatose cases where partial reaction has taken place and the face is deeply flushed and the head hot, an ice

cap should be applied to the head and back of the neck. In cases equally comatose but pale and cool, instead of the ice cap, he advises to bring the patient's head over a tub, and with a pitcher filled with tepid water to pour a douche of two or three quarts of water over the occiput, repeating it once in from half an hour to an hour; this constitutes the most efficacious means of relief. The same means applied to the neck and spine, in the spasmodic or convulsive cases, and to the chest in the pulmonary group, give the best results. In the choleraic cases, with great restlessness, frequent vomiting aud purging, with cold sweat, great collateral advantage, he states, may be gained by the judicious use of morphia and atropia hypodermically. If the heart's action is very feeble, the injection of morphia and atropia may be alternated with suitable doses of strychnia. In the purely algid cases, in addition to the efficient application externally of alternate cold water and dry warmth, he advises the prompt administration, either by the stomach or hypodermically, of strychnia and atropia without morphia, as the best treatment that can be adopted.

After reaction has been established the second indication—to prevent the recurrence of the paroxysm—is to be fulfilled by bringing the patient as rapidly as possible under the full anti-periodic influence of quinine which is more reliable than any other remedy we possess. This he accomplishes by giving twenty grains by the mouth or ten grains by hypodermic injection, on the decline of the paroxysm, or as soon as reaction is fairly established, and repeating the same at such intervals that three doses will be taken before the time for the next paroxysm to begin. He adds, to which we heartily subscribe, "it is so important to make sure of preventing another paroxysm, that it is better to err in giving a larger quantity than is strictly necessary than in not giving enough. Half the quantities just indicated will be sufficient for the next day, and still less the next, after which the case shall be treated with tonics, rest and nutritious food, as in the con-

valescence from other severe attacks of malarious fever." A caution is added against the patient resuming active labor, mental or physical, until his strength is fully restored.—*St. Louis Clinical Record.*

We insert this, not because we endorse the medical part of the treatment but we do that of the use of water. The intelligent Homœopath will select remedies much more appropriate to the case than those recommended by Dr. Davis. It is amusing to see the attempt to give a physiological description *for the' modus operandi* of the treatment.

IODOFORM.—Dr. Aphel (*Lo Spallanzani*) gives the case of a woman of twenty who had received a contusion of the right mammæ, whic hsoon became painful, while the lymphatics of the axilla became engorged. After suffering for twenty days, the patient sought medical relief. Inunctions with a pomade of mercury and belladonna, perserved in for ten days, gave no relief. On using an ointment of iodoform, however, instantaneous relief was gained. At the end of ten days the patient was discharged cured. In a second case, that of a man who received a severe bruise on the ankle, an ointment of one part of iodoform to thirty parts of lard produced rapid amelioration. Prof. Masius uses the following formula: Iodoform 1 part, glycerol of starch 30 parts, essence of peppermint a sufficient quantity to mask the odor.—Philadelphia *Med. Times.*

Those who have been troubled with leaky gum bags in their operations in the labratory will be glad to have tha following receipt for

A GOOD ELASTIC GLUE.—Dissolve two ounces of India rubber in half a gallon of mineral naphtha. When the solution has been effected, add four ounces of shellac to the naphtha, place it in an iron vessel, apply heat cautious-

ly, stir until well mixed, and then pour it upon a slab to cool. This can be melted at the same heat as common glue, can be applied with a brush, sets quickly, is elastic, and perfectly insoluble in water.

And those who are preparing objects for the *Scientific Lantern* will thank us for this:

TRANSPARENT PAINT FOR GLASS.—Take for *blue* pigment, Prussian blue; for *red*, crimson lake; for *yellow*, Indian yellow; and for other shades, a mixture of the appropriate primary colors. Rub them in a size made as follows: Venice turpentine, 2 parts; spirits of turpentine, 1 part; and apply with a brush. The colors are moderately fast unless exposed too long to direct sunlight. A solution of the various aniline dyes in shellac varnish has also been recommended.

Our ladies may like to try the following:

RUST is readily removed from white goods by soaking the stains in a weak solution of tin chloride, and rinsing immediately with much water. The tin salt is more reliable in removing iron rust, and quicker in its action than oxalic acid, unless the stains are soaked in a solution of the latter contained in a tin spoon, when the stains disappear in a shorter time.—*Pharm. Centralb.*

NITRO-GLYCERINE IN ACUTE AND CHRONIC BRIGHT'S DISEASE, AND IN THE VASCULAR TENSION OF THE AGED.

Dr. A. W. Mayo Robson (*Brit. Med. Jour.*, 1880), has given nitro-glycerine in these cases with great benefit. A man of 65, with puffy eyelids and œdematous legs, a

pulse tense and corded, the heart greatly hypertrophied, and breathing labored and difficult at times, was given a one-per-cent. solution of nitro-glycerine in one-minim doses every half hour, till its physiological effects were produced. It relieved the asthmatic symptoms so effectually that the patient would never afterwards be without it. After taking the medicine in three-minim doses thrice daily for a week, the urine, of which only a pint and a half daily, of specific gravity 1008, and very albuminous, had been passed, was now voided to the amount of three pints, specific gravity 1012, and almost free from albumen. This patient continued to take the medicine for some months, with great amelioration of the symptoms.

Dr. Robson mentions another similar case, in which the relief gained was equally striking. In the case of a woman of 52, who had had one slight apoplectic seizure and was threatened with another, and where the pulse was hard and corded, and all her vessels indicated increase of tension, nitro-glycerine was administered in one-minim doses thrice daily, with the result of removing entirely all symptoms of dizziness, etc. In the subsequent history of this patient, a dose of the remedy has been taken whenever dizziness has begun to come on, with the result of relieving the symptoms, and, as may be supposed, of averting for the time a threatened attack of apoplexy.

A case of angina, or of anginaform attacks, appeared to be cured by the use of the nitro-glycerine. Other interesting cases are detailed by Dr. Robson, in which patients suffering from an attack of acute nephritis were quickly relieved and cured.

Dr. Robson says, in conclusion, that whether the vascular tension, which is the symptom treated, be due to chronic kidney mischief or to arterial fibrosis, this condition is unquestionably relieved by nitro-glycerine, and with the diminution of pressure, in his experience, improvement inevitably follows, though in some cases it may be only temporary.—*Phila. Med. Times.*

BILIARY CALCULI.

In the June number of the *Medical Brief*, in answer to a question as to the best remedy for relieving biliary calculi, Dr. J. W. Babitt of Ypsilanti, Mich., replies that upon the advice of Dr. Pitchers, of Detroit, he took the then new remedy, which relieved him of over one hundred crystalized globes as large as a marrowfat pea, at one evacuation. Since that time he has treated more than a score of cases with the best results. Remedy, *sweet olive oil*, six to eight ounces. First empty the stomach by emetics or by fasting, the latter preferable. Twenty or thirty minutes after swallowing the oil, which will give time for it to pass into the duodenum, recline on the left side with the hips elevated higher than the shoulders. The oil will find its way into the ductus communis and reach the enemy in their castle, to-wit: the gall bladder. Every calculi will be lubricated and slide out of the fount and through the intestines. Now to be certain that the desired result has been obtained, let the stools be dejected into a vessel half full of water, and the little green globes will be found floating on the water.

Sweet olive oil, has been used by the allopaths and eclectics for many years. It is useful only in their hands, because it keeps them from using something worse; and it may be useful in causing a laxative effect; but that it goes up the *ductus choledicus*, enters the gall bladder, we very much doubt, and our experience with it has not been very encouraging.

The better way is to give belladonna low, during the paroxysm, to dilate the duct and relieve distress, and then during the time between the attacks use the remedy indicated. We have had good success with nux, arsenic, china and bryonia.

The use of olive oil in these cases was first introduced to the profession by Dr. D. E. Smith, an Electric physician of Brooklyn, in the year 1871.

EUCALYPTUS IN BRONCHITIS.

Dr. Bell says: The eucalyptus globulus has remarkable anti-catarrhal virtues. The only preparation which I have used has been the tincture prepared by several of our most eminent druggists in Edinburgh, and I have seldom prescribed more than a teaspoonful mixed with a wineglass of water, twice a day. In several cases of bronchitis, with profuse expectoration, I have witnessed remarkable benefit after a very brief use of the remedy, evinced by a rapid diminution of the discharge, and also by a corresponding improvement in the general condition of the patient.—*Ex.*

CHRONIC RHEUMATISM.

We have treated several cases of this disease during the winter months and found all of them quite obstinate. In one case, Mr. J. S. had been suffering from the first of October to the tenth of February, and by the advice of his physician had been taking from five to ten grains of salicine every four hours during the day for the whole time. No other treatmeut was recommended except now and then a dose of compound cathartic pills thrown in by way of variety. When this patient first applied for treatment he was suffering with pain in the right hip, running down the right leg to the ankles; pain in the small of the back and left shoulder; could with great difficulty move around. Although the pain was often very severe, very little swelling was perceivable about the joints. We commenced the treatment by giving three grain doses of the 1x trituration of alstonia constricta, every two hours, which we continued in alternation with rhus tox for four days. A vapor bath was given at bedtime every night while taking this prescription. At the end of four days the patient came to the office to show us how high he could kick with his right leg, which had been lame so

long. He seemed to be free from pain or soreness, with a good appetite. and soon resumed business.– *Med. Call.*

PROLAPSUS ANI.

Gelineau pencils the prolapsus with liquor ferri sesquichlorati, allows it to dry up and returns the prolapsus, introducing at the same time into the rectum some lint moistioned with a diluted solution of the same drug, equal parts, and fastens a tampon moistened with the same fluid to the anus with a T bandage. The following day the lint is carefully removed and a small quantity of a very diluted solution of liquor ferri sesquichlorati injected into the anus and the external tampon removed. On the fourth day the patient may take some castor oil. In children the penciling must be done with a weaker solution, no lint introduced but only the tampon applied. —*N. A. J. of Hom.*

ECZEMA.

A case—child two years old. The eruption involved the entire scalp, both ears, the greater part of the face, forehead and one eye. The discharge was enormous; yellowish, purulent and very offensive. Graphites, 200c. one dose, six powders blank—one every night. After the lapse of one week the discharge less copious and less offensive. Graphites, 200c, six powders, one every other night. After two powders no more medicine as long as improvement continued. Cured.—*Medical Call.*

PILOCARPINE IN DIPHTHERIA.

In a year and a half, Dr. Guttman treated eighty-one cases of diphtheria by pilocarpine without losing a single case. Recovery in mild cases taking place in from one to three days, the very grave cases in from nine to eleven

days. He administered the alkaloid internally with pepsine dissolved in chlorhydric acid and water, which controlled intestinal catarrh, and dissolved the membrane characteristic of the disease.—*Med. Gazette.*

CHLOROFORMING DURING SLEEP.

The possibility of chloroforming a person in sleep, without waking him, having been disputed in a recent murder trial, Dr. J. V. Quimby, of Jersey City, was led to test the question experimentally. The results were presented in a paper before the section of Medical Jurisprudence, at the meeting of the American Medical Association a few days ago. Dr. Quimby made arrangements with a gentleman to enter his room when he was asleep and apply chloroform to him. This he did with entire success transferring the person from natural to artificial sleep without arousing him. He used about three drachms of Squibb's chloroform, and occupied about seven minutes in the operation. The second case was a boy of thirteen, who had refused to take ether for a minor operation. Dr. Quimby advised the mother to give the boy a light supper and put him to bed. She did so, and Dr. Quimby calling when the boy was asleep, administered the chloroform and performed the operation without awakening the boy. The third case was a boy of ten years suffering from an abscess, and the same course was pursued with equal success.

Two important inferences may be drawn from these cases, Dr. Quimby said. Minor surgical operations may be done with perfect safety and much more pleasantly than in the ordinary way; and secondly, a person somewhat skilled in the use of chloroform may enter a sleeping apartment and administer chloroform with evil intentions while a person is asleep. Hence the use of this drug in the hands of a criminal may become an effective instrument in the accomplishment of his nefarious designs.—*Medical Advance.*

THE TRUE PHYSICIAN.

"In these days of International Societies, True Hahnemannians, and Rolls of Honors, when a few men draw a circle around medical tenets which they look upon as of divine origin (although many of them are the coinages of their own imaginations), and from within this sacred circle, as from an impregnable fortress, hurl the taunts of mongrel and renegade against all those who cannot repeat the shibboleth of their peculiar medical faith, it may not be amiss for the TIMES, from its conservative standpoint, regardless of the din with which the air is filled, the cries of regular and irregular—and I am of Paul and I of Apollos—to state its convictions as to what constitutes a *true physician*.

We seek no quarrel with any case of our professional brethren; and while we have our own strong convictions; and are at all times ready to give a reason for them, we wish to treat with respect and courtesy the honest belief of others, differing from us though it may. We simply insist that so far as great principles are concerned they shall be fairly and clearly presented, and called by their right names; and deny the right of any man or set of men to tack on to a principle which has been clearly and distinctly formulated, theories having no legitimate connection with it, and which by no process of reasoning could be evolved from it.

Similia similibus curantur conveys its own meaning to the intelligent mind clearly and distinctly, and the believer in it who gives it its proper place can in no sense be charged with sectarianism. It is a great principle in therapeutics to guide us in the study of the action of drugs upon the human organism, and their proper selection in disease. It lays down no rule that every drug shall be given singly, and never in combination or alternation with others; it makes no reference to dynamization and increased development of power by succussion and

trituration. The only legitimate conclusion which can be drawn from the principle is, that the drug must be given in sufficient strength to control the disease without injury to the system. The drug is given with this end in view, its primary and secondary action being fully understood. If more is given than is required to meet the diseased condition, not only may the disease not be controlled, but positive injury may result to the system. If too little is given the disease goes on unchecked. If ten or twenty grains of quinine are required, or five drops of aconite or belladonna, or twenty grains of iodide of potash. or a quarter or half grain of *proto-iod-merc.*, to meet the peculiar diseased condition—a condition similar to which the drug would produce - the man is a true physician; who meets the demands of the case, and prescribes for it intelligently. He is equally a true physician if, the peculiar conditions of the case pointing to minute doses and attenuated remedies, he prescribes them. The law of similia stands out clear and distinct. The dose must be left to the careful study, the intelligence and good judgment of the prescriber, aided by all the light which science can bring to bear upon the subject. It is natural to suppose that every man will care more for curing his patients—in as much as success involves reputation and pecuniary prosperity—than for the triumph of any individual theory, and travel the path—which the concientious will always do—the most likely to insure that permanent success which can only be based on true merit.

We stand on the broad ground of non-sectarianism believing that the laws of similars should occupy an important place in the great system of medicine; that it should be stated clearly and distinctly, in its naked beauty and simplicity. We do not believe that the art of medicine can be encircled by a single theory or covered by a single dogma. A true physician is broad and liberal in his ideas, and charitable to all. Looking upon the possibilities of his profession as boundless as the development

of science, he constantly strives to keep in the front rank of progress, eagerly and gladly receiving facts coming from any scource. In this path the TIMES has walked and will continue to walk."

The above we find in *The Homœopathic Times*, New York. While we admire the tone as it is candid and liberal, yet we must protest to the sanction given here for gross medication; while the advanced physicians of the allopathic school are abandoning perturbing courses of treatment and advocating a more mild and rational plan, it is no time for the leading metropolitan homœopathic journals to advocate, or even tolerate, massive doses of gross medicines.

We have for over thirty years practiced medicine in the most malarious portions of our country; for some years on the Wabash River, and for 13 years of that time as an allopathic physician; yet we have never seen a case that required *twenty grains of quinine*, and the physician who cannot cure his malarial patients without such massive doses has *our most heart-felt sympathy*.

We are willing to give the hand of brotherhood and friendship to every physician who adopts the law of similars as his guide, and we disapprove of the epithets hurled at some who cannot see as others do in regard to attenuations, yet when we hear of physicians using large doses of gross medicines we feel like "expounding unto him the way of truth more perfectly." But above all things let us be charitable.

Department of Electrology & Neurology.

J. T. KENT, M. D., Editor.

MELANCHOLIA.*

BY IRA RUSSELL, M. D., Wichendon, Mass.

A person unfamiliar with the peculiarities of insanity, on entering one of our large insane hospitals, will, at first, be impressed by the great variety of symptoms and characteristics manifested by the inmates. But, upon a careful examination, he will find that they can be arranged and classified into a few distinct groups; the restless, excited, talkative sufferer, from acute mania; the general paralytic, with his exalted ideas of untold wealth and power; the melancholic, stolid and indifferent, with suffering and gloom pictured on his countenance and expressed by every action, and the demented, oblivious to everything around him. These different mental and physical manifestations. which at first seemed a heterogenous aggregate, can be reduced to a few well-defined and distinct groups, not but that there are cases which seem to shade into each other, making it difficult to determine whether a patient should be classified with mania or with melancholia, or another with melancholia or dementia. In fact there is a borderland where sanity and insanity shade into each other, and many persons pass their whole life very near that line, as shown by eccentricities in regard to business, morals and

* Read before the New England Psychological Society, Dec 14, 1880, by Ira Russell, M. D., Wichendon, Mass , Member of the Association of Superintendents of American Insane Asylums, of the New England Psychological Society, Massachusetts Medico-Legal Society, etc., etc.

religion, with sudden and unlooked for changes in character and disposition. As Dryden says:

"Great wit to madness is allied."

Twenty-five or thirty years ago, little or nothing was taught in our medical schools respecting psychological medicine. It is not so now; the importance of a knowledge of mental diseases to the general practitioner is beginning to be recognized, and our medical colleges are beginning to give instruction in this department of medicine.

My topic is "Melancholia," one of the most common and curable forms of insanity. The term *melancholia* is derived from two Greek words; "*melas*" and "*kole*," meaning black bile. The invasion of this form of insanity is variously characterized, sometimes sudden, as when produced by grief or some unexpected reverse of fortune; but usually it is slow. The subject of it, gradually and almost imperceptibly loses his relish for existence, takes less interest in his business and his family, is abstracted in thought, peevish and fretful in disposition, and more easily irritated than usual; seeks solitude, and, in the words of Dryden:

"He makes his heart a prey to black despair,
He eats not, drinks not, sleeps not, has no care
Of anything but thought; or if he talks,
'Tis of himself."

At first he may be moody, silent and taciturn, but he soon begins to talk about himself; he has done some great wrong for which he is to be punished, etc. An eminent business man, of this State, once told me that he had misappropriated funds entrusted to his care, and he was to be hanged for it. He said another man had committed the same crime and been imprisoned; but *he* knowing better, must be hanged, as that was the only punishment adequate to his offense. An investigation of this man's affairs showed everything to be all right.

The fear of poverty is very often manifest, especially in those who have an abundance. Such persons will re-

fuse food. I have a lady under my care, seventy-five years old, who would not eat were it not for the dread of the stomach pump. Her excuse is, that she cannot compensate me for the food, and that it "distresses her stomach." For several years previous to coming under my care she had been on a very restricted diet, as she claimed that everything she ate hurt her. When she came to me she was reduced to a mere skeleton, and was on the point of starvation. I put her on a generous diet and she very soon began to gain physically and in strength Nothing that she has eaten has disagreed with her, but her melancholy has become chronic, and if left to herself she would soon die of starvation. On a great many subjects she talks rationally and even seems to know that her notions about poverty are delusions.

It is often very difficult to determine whether a person is suffering from melancholia or "pure cussedness." The willfulness, irritable temper, like and dislikes, the hatred of certain persons without any assignable cause, or the assignment of causes that have no reality, are apt to be attributed by friends to anything but the true cause. Such persons will be treated for liver complaint, dyspepsia and other difficulties, but without benefit.

You question a melancholic closely and get him to disclose his true feelings, and he will tell you that there is a cloud hanging over him, he can see no sunshine. His friends seem to have forsaken him, and instead of seeming near him are far away in the distance, and constantly receding from him. The previously indulgent parent abuses his children; the loving wife distrusts her husband and takes the lives of her children to save them from some fancied evil.

Bucknill and Tuke say that

"No mental disease stamps itself upon the physiognomy and demeanor of the patient more decidedly than melancholia. The sad and anxious eye, the drooping brow, the painful mouth, the attenuated and careworn features, the muddy complexion and harsh skin, the inertia of body, the stooping, crouching position and the slow and heavy movements, speak of distressing oppression of the faculties and intense wretchedness."

While the common maniac is perfectly satisfied with himself, and thinks everybody else crazy, the melancholic's thoughts are turned inward upon himself; he is full of regrets and self-blame for something done or left undone in the past and full of apprehension that future evils will overtake him.

When the religious element is involved, the patient becomes the victim of the most gloomy fancies, and the conscience becomes so morbidly acute, that:—

"Night riding incubi
Troubling the fantasy,
All dire illusions
Causing confusions;
Figments heretical,
Scruples fantastical,
Doubts diabolical"—

Are incessantly presented to the mind, and life is rendered intolerable by perpetual misgivings as to the propriety of the most trifling circumstances.

A patient of mine lost a daughter by consumption; she was the only child of his first wife, who died when this child was quite young. He had married again and had other children. After the death of this daughter the thought occured to him that he *might* have thought, that, inasmuch as she had consumption and could not possibly get well, he would be better off when she was gone, as it would tend to harmonize the family. He was not sure that he ever had such a thought, but if he ever *did* entertain such a thought, it was a horrible sin and God would inflict a terrible punishment upon him for it.

The misery and unhappiness that this one thought caused him is indescribable. He was a very intelligent gentleman, and when his mind was diverted from this one subject, his conversation and ideas were rational and intelligent. So old a writer as Plutarch has given a graphic description of the religious melancholic:

"To such a man every little evil is magnified by the scaring spectres of his anxiety; he looks upon himself as a man whom the gods hate and pursue with their anger. A far worse lot is before him, he dare not employ any means of averting or remedying the evil, lest he be found

fighting against the gods. The physician, the consoling friends are all driven away. 'Leave me!' says the wretched man, 'me the accursed, the hated of the gods, to suffer my punishment.'

I might quote much more from old writers, but the above is enough to show that melancholia is no new disease.

At the present day the religious melancholic is very apt to imagine that he has committed the unpardonable sin. Such a one once consulted a distinguished clergyman, and he very frankly told her that he was not the proper person to consult, but that she should seek the advice of some good physician.

Indecision is a very common symptom in melancholia; it may be slight in trifling matters, or it may characterize every action. I once had a patient, a graduate of Harvard College, a fine scholar and cultivated gentleman. He would be all day in writing one line; he could not make up his mind what words to use. I went to his room one morning and found him in undress. I asked why he was in that condition, and he said there were two shirts on the bed and he could not make up his mind which to take.

The delusions of melancholia are frequently single—the mind fastens upon one thing—it may be rational upon all other subjects. It may be conscious of the delusion and even make efforts to conceal it and try to overcome it, but it is all in vain.

One of the most distressing cases of melancholia that has come under my observation was that of a young physician, in whom the disease took the form of syphiliphobia. He belonged to one of the most distinguished New England families. He had a home and foreign education, was refined and polished in manners, well-versed in the literature in his profession, and very conscientious in the discharge of every duty. He located in a large city, and soon obtained a large practice. From over-work and anxiety he became depressed, slept badly, and his appetite failed. He soon imagined he had contracted syphilis, protesting all the while that he had been strictly moral,

upright and honest in his conduct. He was constantly watching for syhpilitic symptoms, and whenever he found any abrasion or pimple upon his person, he was sure it was syphilitic. He would go to the mirror a hundred times a day to examine his face for syphilitic eruptions. He was constantly pulling his beard and hair to see if he had not got syphilitic alopœtia. He would talk with any one that would listen to him about his syphilis for hours; would weep and cry and lament his deplorable condition, in fact, his agony was indescribable. "Nobody," he would say, "could understand his situation." No one would believe him when he asserted that he had been upright and honest. He became suicidal, and made several attempts to take his life. By my advice, he went to New York and consulted one of the most distinguished syphilographers, Dr. F. N. Otis, who found no signs of syphilis, but it made no differenee with his belief or mental sufferings. He made several visits to New York, and consulted other physicians with like results, and, finally, committed suicide with a pistol shot while in the water-closet of a railroad car on his return from a visit to New York, where he had gone to consult several experts, all of whom pronounced him free from the disease. Notwithstanding he seemed pleased with the opinions given, and expressed a determination to give up the delusion; he, in a very artful manner, purchased a revolver with the results above stated. During all this time (after purchasing his revolver) he was more cheerful and self-possessed than he had been for months. Bumstead has expressed the opinion that syphiliphobia is in no way due to syphilis, as it is much more frequently found among those who do not have the disease,

> Proxima deinde tenent moesti loca, qui sibi letum
> Insontes pepereve manu, lucemque perosi
> Projecere animas. Quam vellent aethere in alto
> Nunc et pauperiem et duros perferre labores!
> Fas obstat, tristique palus inamabilis unda
> Alligat, et novies Styx interfusa coercet.

Which Governor Long translates thus:

> Next the abode of melancholy souls
> That guiltless else, sought death by their own hand,
> And lay down life because life burdened them,
> Glad were they now if but in upper air,
> Rough toil or want they bore, but fate forbids,
> The grim flood pens with its gloomy wave.
> Nine times the engulphing Styx around them coils.

No melancholic can be trusted, however mild the symptoms.

The number of suicides in this State, during the last ten years, has averaged 122 per year. Last year the medical examiner reported the same number, giving the method adopted to "shuffle off this mortal coil," in eighty (80) cases; viz:

By Hanging	23
Drowning	16
Pistol Shots	17
Cut Throats	10
Leaping from Heights	2
Strangulation	1
Unknown	1

BY POISONS.

Paris Green	5
Corosive Sublimate	1
Chloral	1
Morphine	1
Laudanum.	1
Cantharides	1

The causes were not generally given, but, by letters of inquiry and other means, I have learned that considerably more than half were due to melancholy, many of whom had been suffering from it for many months, and no pains had been taken to put them in places of safety. A case reported by Dr. Abbott illustrates this carlessness of friends:

A. B., aged 70, a farmer in comfortable circumstances. His daughter, with whom he lived at his own house, was confined. On the sixth day of her confinement, her father stole up to her room with a hatchet and aimed a blow at her head with the intention of killing her; he did not succeed, but inflicted a slight wound.

He said it was his intention first to kill his daughter and then himself On the following day he was found hanging in the barn, dead. The family being at church, leaving him without any restraint, as if nothing had happened.

The general practitioner, when called to visit one of these cases, will, very likely, be told by the friends that the patient is bilious, that he has the blues, does not sleep well, and worries about nothing. They will be careful not to disclose his delusions, his jealousies, his hatred of those he formerly esteemed and loved, his unprovoked outbursts of passion, his fear of poverty—when he has an abundance—and other delusions of a dangerous character; he showing, perhaps, at the time, a disposition to act upon them, to the great danger of himself and others. They conceal these things for fear of the fancied disgrace publicity would bring upon their family. The result is, that, upon some fine morning or calm evening, a family is thrown in the deepest distress, and a whole community shocked by a case of cut throat, drowning, pistol shot, poisoning or strangulation. Then the physician will be blamed because he had not discovered that his patient was insane.

This tendency of melancholics to commit suicide, renders it absolutely necessary that they should be carefully watched. Hence, the importance of sending them early to some insane hospital or place where they can be under the constant care of those who fully understand the nature of the disease. Here allow me to remark that the hue and cry against insane asylums is nothing but a morbid sentimentalism. Where there is one unnecessarily confined, there are scores who ought to be thus cared for, who are at large.

The pathology of melancholia is obscure. The late lamented Dr. Tyler, when called in consultation, used to say to my melancholic patients, that they had a lump in

their brains. I know not what his views were in regard to the localization of function as taught by Heitzig and Ferrier, but some of our ablest alienists, and notably among them Hughlings Jackson and Crichton Browne have adopted their views as a whole or in part. I quote from Ferrier:

"The organic sensations are their cerebral centers, probably the occipital lobes, would thus seem to be the foundation or universal back-ground of the pleasurable or painful emotions in general."

Morbid states of the viscera and of the cerebral centers are incompatible with pleasurable emotions of any kind. As healthy states of the viscera produce pleasurable feelings, and morbid states of the viscera produce depressing or painful feelings, so, conversely, on the principle that the revived feeling occupies the same parts as the original, pleasurable emotions exalt the vital functions, and painful emotions depress the vital functions and produce organic visceral derangements. Whether the various viscera are represented individually in the cerebral hemispheres, has not been experimentally ascertained; it is, however, not improbable, and the ancient localizations of certain emotions in certain viscera, though crude, is not without some foundation in positive physio-pyschological fact.

Morbid states of the viscera or of the centers of organic sensations in reciprocal action and reaction may give rise to hypochondriasis or melancholia; and just as visceral derangements frequently express themselves in localizable sympathetic neuroses, so the melancholic individual projects the obscure feelings in some definite objective form as the cause of his sufferings. He imagines his vitals are being gnawed by some hideous animal or that his body is the scene of demonical revels. The special form of the halluncination will vary with the individual and his education; but it always takes some dread or malignant shape.

J. Crichton Browne, in the October number of *Brain*, in an article entitled a "Plea for the Minute Study of Mania," referring to the localization of function, says:

"I take it as an established fact that there is localization of function in the brain * * * * * * * * * * *

This hypothesis is necessary to the explanation of the innumerable varieties of insanity. It seems certain that there are system diseases and local diseases, neural and adneural changes in the brain, just as there are in the spinal cord, and that these are severally signalized in the brain as in the cord by distinct sets of symptoms.

The existence of motor and sensory symptons in mania is obvious enough. Restlessness is almost indispensable to our idea of it, and every description of it that exists abounds with reference to great muscular activity, contortions, gesticulations, violence and wild cries.

But these disorders of movement in mania have not been subjected to minute analysis. They have been regarded only as expressions of psychical exaltations, and as such have not been thought worthy of detailed examination. And no doubt many of the movements of maniacs are but unrestrained manifestations of ideal and emotional states, or reflexes of inordinate strength. But besides these movements there are others, which, by their peculiarity and purposeless persistency, are marked out as being of a different character. And these it is which will probably, I think, be shown to depend upon excitation of the motor centers of the brain by a morbid process, and which will thus sometimes supply indications as to the parts of the brain involved in that process, and as to its lines of propagation and retrocession. Even at the very height of acute mania, when the symptoms are infinely complex and varied, certain markedly predominant movements may frequently be seen, which it is impossible to connect with any feeling or intention. Thus some maniacs will run about uninterruptedly night and day in a purposeless manner, and if held down in bed, will continue to move their feet and legs as if still engaged in running. Others again will remain in bed and will rarely move their lower limbs, but will toss their arms about incessantly or busy their hands unceasingly in smoothing or fraying the bed-clothes. May we not suppose that in the former class of cases there is irritation of the postero-parietal lobe of the brain, in which Ferrier has localized the crural movements, and that in the latter class the irritation is concentrated in the ascending frontal and parietal gyri, in which the brachial and manual movements are localized?

Some maniacs talk vociferously and jargonize; may we not infer that in them is an irritative lesion of the oro-lingual region, in the third frontal convolution? Others are resolutely silent, but shake heads from side to side without intermission

May we not suppose that in them the cortex of the superior tempo-sphenoidal gyrus is hyperæmic or inflamed?"

As I have already shown, nearly all melancholics have the suicidal tendency, and it becomes an interesting question, upon what does that propensity depend? Maudsley says it is due to the loss of the love of life. The love of life is a universal instinct. No animal ever commits suicide. Now, on the theory of the localization of function, may there not be a cebral center that presides over the instinctive love of life, and in the melancholic

suicide, may not that center be either organically or functionally diseased?

A harsh skin, coated tongue, foul breath, insomnia and constipated bowels are common in the great majority of these cases. While there may be no organic disease of the brain, there is mal-nutrition and frequently anæmia.

TREATMENT.

The first great object is to restore the defect of the brain by means of food and sleep. To produce sleep, chloral is useful in the excited forms; in sub-acute and less excited forms, opium can be used, usually with great benefit. The best preparation of opium is meconiate of morphia, as it does not constipate the bowels. Belladonna, conium and hyoscyamus are useful. It is often well to combine chloral, hyoscyamus and meconiate of morphia. In short, by various combinations of sleep-producing medicines, we get better results than by any one given alone.

Next to procuring sleep is the question of nourishment. Some patients will refuse food altogether, and we have to resort to artificial means of feeding.

The late Dr. Tyler told me that he fed a distinguished merchant of New York every day for thirteen months with a stomach pump, and that he recovered; and at the time the Doctor spoke to me, was well and actively engaged in business.

Melancholics, before coming under proper treatment, have usually been on a very restricted diet, complaining that everything they eat hurts them. When put upon a full and nourishing diet, they invariably improve, and, in a short time, the coated tongue and foul breath disappear. Stimulants, such as wine, ale, and sometimes stronger stimulants, are useful.

I have no doubt that many melancholics die from starvation, who are not reported as suicides. They are kept at home, they are not troublesome, or at any rate, not dangerous, and so are not sent to asylums. Their whims are

indulged, and they are allowed to restrict themselves to a cracker a day, perhaps. I once knew a clergyman, in my own neighborhood, in a physician's family, who died from starvation.

In addition to food and hypnotics, tonics, such as Esquirol's Red Mixture, iron, conium and strychnine, phosphorus and quinine are usually demanded.

Very often one of the first things recommended by friends and sanctioned by the physician is travel, with the expectation of diverting the patient's morbid thoughts from himself, but all such devices are without avail, and often worse than useless; the patient is sure to take his disease along with him. If he travels by rail, there is great danger that he will leave the train while in rapid motion, or throw himself in front of the engine; or, if he travels by steamboat, the temptation for taking a water bath is irresistible.

Melancholia, like every other disease in its early stage, requires rest, care and treatment, and wherever these can be best secured is the place for the patient. A trip to the hospital, or to some place away from home and the exciting causes and surroundings that have produced the attack is all the traveling admissible.

Many melancholics have periods of exaltation and depression, and these periods must be met by appropriate treatment. If the patient's means will allow, the more home-like and quiet the place for treatment, the sooner may one expect a recovery. As a general rule, removal from home is indispensable.

PROGNOSIS.

This form of insanity is the most curable, and, if taken in its early stages, almost invariably yields to treatment. When neglected, and it becomes chronic, it is apt to become permanent. Here the question may arise: "When a case of melancholia is cured, may we expect it

to be permanent, or are we to look for a recurrence?"

The subject of the permanency of the cures of insanity is exciting a good deal of attention, and a spirited discussion is now going on between Drs. Earle, of Northampton, and Ray, of Philadelphia, upon that question. Dr. Earle taking the ground that the curability of insanity has been very much over-estimated, as the number of cases cured very much exceed the number of persons—the same person being reported cured many times. Now, what are we to expect in regard to cases of melancholia? Are we not to expect a recurrence of the disease? Frequently there will be a recurrence of the disease. A person goes to a malarious district and contracts fever and ague—he recovers—he subjects himself to the same influences again and has another attack. So it is with melancholia; a person was engaged in some harrassing business, he returns to it; he had lost property, it occurs again; he had domestic troubles, he is subjected to the same again, and a recurrence is the result. While, if he had not been subjected to the same or similar causes that produced the first attack, there would have been no return of the disease.—*Alienist and Neurologist.*

INFLAMMATION OF THE GREAT SCIATIC NERVES.

BY HUGH M. TAYLOR, M. D.

Under this title, we find in the *Michigan Medical News*, of March, 1881, a clinical lecture by Dr. Wm. Pepper, of Philadelphia, and, as usual, his lecture merits notice. After alluding to the symptoms and crippling effects of this disease he deals with its causes. Among them may be enumerated all the influences which combine to produce neuralgic affections. A very frequent cause is chronic malaria, which is very likely to affect all the nerves of the body. In other instances, the origin of the symptoms would seem to have

been associated with the absorption of lead, copper or mercury, in some of their various forms. In chronic lead-poisoning there is generally a neuralgia of almost all the nerves of the body. A third cause is inflammation of the sheath of the nerve, which becomes thickened, and so compresses the nerve-fibres. Rheumatism very often acts in this way, a rheumatic inflammation of the nerve-sheath or nerve substance standing at the root of a great many cases of the most obstinate and painful cases of sciatica. As regards treatment, in a case of chronic malaria with chills and fever, followed by neuralgia, the best treatment would undoubtedly be quinine, iron, arsenic and belladonna. In many cases I have found that more relief was afforded by large doses of arsenic than by any other remedy. Occasionally I have injected the arsenic under the skin. When there is distinct local inflammation, I treat the disease with large doses of iodide of potassium, and minute doses of bi-chloride of mercury. If it results from lead-poisoning, the appropriate treatment for that condition should be pursued. If we desire to cause absorption of imflammatory matters inside the sheath, the best way to do so is by means of severe blistering, or by actual cautery. The actual cautery, in particular, has great absorbent action, and powerfully relieves over sensibility of the nerves. Another excellent treatment is by hypodermic injection of morphia and atropia, deep down into adjacent muscular structures. He advises a formula of one-sixth to one-fourth of a grain of morphia, and from one-ninetieth to one-sixtieth of a grain of atropia. In employing this formula, take care not to establish the opium habit; hence, diminish the dose as the disease subsides. In cases where the localized pain is very intense, excellent results are derived from the hypodermic injection of from eight to twelve minims of chloroform, taking care to keep the needles out of the way of the arteries. Though incomparable as a temporary destroyer of pain, the effects of the chloroform are not very permanent. Galvanism is very quick, in some instances, to

relieve pain. The mode of application should be with the positive-pole at the seat of pain, and the negative-pole along the nerve trunk. Where the muscles have wasted to any great extent, the Faradic-current is the best. —*Va.Med. Monthly.*

SOCIETY TRANSACTIONS.

KANSAS STATE HOMŒOPATHIC SOCIETY.

The State Homœopathic Medical Society met in full session at 3 o'clock p. m., May 4th, at the office of Dr. Roby, Topeka, with a fair attendance of medical gentlemen and ladies.

The meeting was called to order by the president, Dr. J. J. Edic, of Leavenworth, and after roll call he delivered an eloquent and telling address:

While the board of censors were preparing a report upon the credentials of new members, the minutes of the previous meeting were read. The following names were then reported on favorably by the board of censors:

Mrs. Annie M. Haslam, M. D., Osage City; George A. Deam, M. D., Butler City; Stiles P. Swift, M. D., Burlingame; Samuel A. Newhall, M. D., Newton; Austin M. Cowan, M. D., Valley Falls; W. E. Taylor, M. D., Kansas City.

The report of the committee on constitution and by-laws was presented and adopted by sections.

The clause in reference to qualifications of members was warmly discussed, it being the opinion of some that none should be admitted except those who are graduates from some homœopathic institution, and by a vote of 11 to 7 that part qualifying those as members who had 10 years practice in homœopathy as a business, was struck out.

The session then adjourned to meet in the evening at the Congregational church.

WEDNESDAY EVENING.

The meeting at the Congregational Church was opened with prayer by Rev. Dr. C. C. Foote, Mr. Fred. Wessels sang with his usual easy manner and strong voice a solo that was applauded by all. Dr. Gentry, of Kansas City then read an address which was of considerable length. It stated that 7,000 doctors in the United States were homœopathists, and thirteen colleges were under their supervision. At its conclusion, Mrs. Dr. Bishop, of Wisconsin, sang a solo that was loudly applauded and encored.

Dr. Roby then read an original poem on "Our Mission."

Mrs. Judge Foster sang in her usual pleasing manner and was loudly encored and kindly favored the audience with another selection.

The meeting then adjourned, the benediction being given by Rev. Foote.

THURSDAY FORENOON.

Session commenced at the office of Dr. Roby at 9 o'clock. The report of the treasurer was read and accepted, and showed a fair balance in the treasury.

On motion a committee was appointed to draft resolutions of respect to the memory of Dr. Constantine Hering, of Philadelphia. The committee appointed was Drs. Roby, Westover and Klemp.

Dr. Roby then presented a memorial upon the Nestor of homeopathy, Dr. Hering, and on motion the paper was included among the papers and proceedings of the society to be published.

The paper entitled "Synopsis of Genesis of Disease" by Dr. H. F. Klemp, of Topeka, was a masterly effort, and freely discussed by

the learned gentlemen present, who all fully endorsed the views of the author.

On motion of Dr. Gentry, amended by Dr. Roby, a committee of five was appointed to see if homœopathy would be recognized by the state government, and a physician of that school be selected physician for one of our insane asylums. The chair appointed Drs. Roby, Gentry, Klemp, Dick and Johnson.

Dr. Croskey, of Wichita, thought all members of the association should endeavor to elect a homœopathic sympathizer to the legislature from their various districts, thereby gaining proper recognition in the state. Dr. Johnson of Atchison endorsed this idea.

Election of officers for the ensuing year followed, and resulted as follows: President, Dr. H. W. Roby, of Topeka; vice president. Dr. W. D. Gentry, of Wyandotte; secretary, Dr. J. H. Mosely, of Olathe; corresponding secretary, Dr. T. J. Patchin, of Topeka; treasurer, Dr. G. H. T. Johnson, of Atchison.

On motion Emporia and Wyandotte were suggested as places of meeting next year, and the latter place was selected.

Dr. Roby moved that the association extend an invitation to the Western Academy of Homœopathy to meet with them at Wyandotte. —Carried.

It was determined also to invite the American Institute of Homœopathy.

The association then adjourned.

A reception and banquet was held at the Gordon House, and a ball at Guards' Hall. The whole affair passing off pleasantly in all the details.

NEBRASKA STATE HOMŒOPATHIC SOCIETY.

OMAHA, NEB., MAY 4th, 1881.

The Nebraska State Homœopathic State Society convened in the Academy of Science rooms, at 2 o'clock P. M. Vice President Dr. C. M. Dinsmoor, of Omaha, in the chair. Dr. H. E. Marr was chosen secretary pro tem.

After the transaction of miscellaneous business, the association listened to the report of the various bureaus, which included the reading of the following papers:

"Hygienic Management of Infants," by Dr. Cooley, of Lincoln.

"Phytolacca in Induration and Swelling of Inguinal Glands," by Dr. Baston.

"Our Materia Medica," by Prof. A. C. Copperthwaite, of the State University of Iowa. On motion of Dr. Parsell, a vote of thanks was tendered Prof. C. for this paper.

"Clinical use of Belladonna," by Dr. B. L. Paine, of Lincoln.

These papers elicited a free and full discussion.

Dr. Copperthwaite, one of the originators of the association, now Dean of the Homœopathic Medical Department of Iowa University, being present, made a few encouraging remarks concerning the past and present, as well as the future prospects of the association.

On motion adjourned until 6:30 P. M.

EVENING SESSION.

Called to order by the president, Dr. Righter, of Lincoln. The following papers were read and discussed: "Thermo Therapeia," by Dr. C. M. Dinsmoor;" A Clinical Case," by Dr. O. S. Wood; "Uterine Displacements," by Dr. Geo H. Parsell.

The association then indulged in a general discussion on matters pertaining to the interest of homœopathy in the state.

Dr. Righter desired especially to call the attention of the profession to unnecessarily large amount of medicine in public institutions. Report of the treasurer was read and adopted.

The association then proceeded to the election of officers, which resulted as follows:

President—Dr. B. L. Paine, Lincoln.
First Vice President—Dr. A. M. Smith.
Second Vice President—Dr. F. B. Righter.
Secretary—Dr. C. M. Dinsmoor.
Treasurer—Dr. O. S. Wood.
Censors—Drs. Wood, Parsell, Righter Bumstead, Dinsmoor.

Drs. Wood, Dinsmoor, Paine were elected delegates to the Western Academy of Homœopathy.

Dr. Wood was elected a delegate to the American Institute of Homœopathy.

A vote of thanks was tendered the Academy of Science for the use of their room.

The association then adjourned to meet in Lincoln, on the fourth Wednesday in May, 1882,

H. E. MARR, Secretary pro tem.

BOOK REVIEWS.

THE PREVENTION OF CONGENITAL MALFORMATIONS, DEFECTS AND DISEASES. By J. P. Burnett, M. D. Duncan Bros., Chicago, Publishers.

This is a small pamphlet of 26 pages which was originally delivered as an address before the British Homœopathic Congress. Croserio was, we believe the first author who proposed a definite plan of antenatal treatment and since his time several writers have touched on the subject, but none we think have given it the attention it merits.

If Dr. Burnett's article arouses thought and investigation in this matter it will serve a good purpose. W. C. R.

SPECTACLES AND HOW TO CHOOSE THEM. By C. H. Vilas, A. M. M. D. Duncan Bros., Publishers.

This is a book of 160 pages well written, as might be expected when the well known ability of the author is taken into consideration. The subjects treated of are well worthy consideration, and it is now a fact that no excuse remains for the blundering ignorance that has heretofore directed the selection of spectacles.

The practitioner has usually given the subject little or no attention and left the matter entirely in the hands of uneducated opticians who thought much more of the pecuniary advantages of the transaction than the welfare of the eyes of those selecting.

Doctors should buy this book and by familiarizing themselves with its lessons, protect their patients from injury and imposition.

The sense of sight is, if a discrimination may be made, the most precious of all the senses and anything looking to its preservation and enhancement is a benefaction to be hailed with joy.

Duncan Bros. have done themselves credit in the publication: it is indeed the best book as to paper, typography, etc., they have ever got out. W. C. R.

HOW TO USE THE FORCEPS. By H. G. Landis, A. M., M. D. E. B. Treat, New York, Publisher.

Much of the absurd objection to the use of the obstetrical forceps has arose from a lack of understanding as to the practical application of the instrument. A more useful, and, in intelligent hands, harmless instrument, was never invented. A scalpel does not inspire prejudice because in careless or ignorant hands it might be used to produce serious injury to the human subject. Neither should the forceps, unless it is understood that the possessor intends to use them as a club or in some other equally preposterous manner.

When we took up Prof. Landis, book, we found it so interesting that we could not lay it down until read completely through from beginning to end. He is a thorough master of his subject, and has told in a clear and lucid way nearly all that is known up to the present time about the scientific use of the forceps,

We are aware that every now and then some Doctor thirsting for advertisement or notoriety, invents a forceps or writes a monograph on this subject and not infrequently does his work so bunglingly that novices become more timid and hesitant in the use of the greatest boon that has ever been afforded to the parturient woman.

The book under consideration is of a high order and anyone having any doubts as to the usefulness of the forceps, or any one who desires to perfect himself in their rational and skilful use, should purchase this book at once.

DISEASES OF CHILDREN. By William Henry Day, M. D.

This is the latest book on the subject of which it treats, by one of England's eminent practitioners. Of all the numerous allopathic treatises on diseases of children, this we think the most modern. The classification of diseases, the pathology and especialy the hygiene are in accordance with the latest and best authorities.

As to therapeutics, we will only quote from the preface. "In arranging the list of prescriptions concentration has been my aim. Certain broad principles are kept in view as regads dose and combination, but the details can be varied at the discretion of the practitioner according to the *peculiarities of each case as met with in practice. I have invariably prescribed remedies in safe doses.*" The italics in the above quotation are ours and show the tendency of old school authorities to be approaching more and more to the standpoint of individualization and the minimum dose. It is said that no one knows his own language thoroughly until he has become well acquainted with another. It is our opinion that much of the bigotry and exclusiveness in both the dominant schools of medicine would melt away if the members of each would familiarize themselves with the literature of the other and that instead of loosing they would knew their own system much better by becoming acquainted with the other. W. C. R.

BODINES. By Thad. S. Up De Graff, M. D., Elmira, N. Y.

This book, in the way of recreation is almost as good as a summer vacation. It is the history of an annual summer angler's method of

putting in his time at his favorite resort by the brookside. We learn in its interesting pages many things about trout fishing, camp life and pleasures that fairly make one's mouth water.

THE TURKISH BATH.

A book of about 200 pages, by Dr. Geo. F. Adams. St. Louis. The Turkish bath, like electricity and other valuable means of treating disease, has not been employed or understood in any way commensurate with its importance. The fact is, it has not been properly conducted or applied and in many cases has been legated ty quackishpretenders who to a certain extent threw it into bad repute.

Dr. Adams in his book has taken up the subject in a scientific and understanding manner which does credit to his knowledge of the matter in hand.

We are in the habit of prescribing the Turkish bath frequently in the treatment of disease and feel confident others will do the same when made aware of its merits as set forth in this valuable little book. W. C. R.

MINOR SURGERY. By J. G. Gilchrist, M. D., author of "Surgical Therapeutics."

This is an elegantly written volume, both in style of diction and treatment of its subjects. We call to mind no volume in medical literature that fills its place, and the author deserves the thanks of the student and practititioner for its publication. Like his previous efforts in this direction, it shows a pains-taking and careful attention to detail that is to be found no where else, and which is peculiarly characteristic of the man. From the arrangement, order and class of instruments in his surgical case down to the last fold or pin in the bandage, there can be no mistake as to the manner and style of its meaning. A novice in surgery with a cool head and this little volume would make a fair practitioner. It is nicely and liberally illustrated with cuts as vigorous, fresh and clear as the author's style. The whole volume bears the impress of familiarity with the subject treated, and clearness and power in its imparting that familiarity to others. No student can afford to be without it, while to the professional generally it will be invaluable, as containing all that is new and approved in the line of minor surgery. We bespeak for it a hearty indorsement and a wide circulation. J. W. T.

AIDS TO DIAGNOSIS. Part I, Semeiology, by J. Milner Fothergill. M. R. C. P. L. 16 mo. 75 p., Putman's Sons, N. Y. Price 50 cents.

Whenever Fothergill takes his pen to write, he imparts information of value. His style is of the best, and this little book is no exception. On page 6 we read: "A copper-tinted blush on a baby's bottom may throw a flood light upon the otherwise obscure lung mischief in its father's, and furthermore suggest the appropriate specific treatment." We would like to quote many of the beauties of this little *brochure* but space forbids. Part II, Physical, 61 pages. by J. C. Thorowgood M. D., M. R. C. P., is no less valuable and complete than Part I. These are especially valuable for students.

K.

HERNIA, STRANGULATED AND REDUCIBLE, with cure by Subcutaneous Injections and Improved Method for Kelotomy, etc. By Joseph H. Warren, M. D., &c., with Illustrations. Boston. Published by Chas. N. Thomas, 215 Fremont Street.

This is an excellent work on a subject that has not been as fully developed as the other parts of surgery. The plan pursued is simple and so plainly described, that the merest tyro in surgery can successfully perform the operations. The cuts are not well executed, and the proof reading has been very carelessly performed. But the work is very necessary to every surgeon and should be in every physician's library. If publishers would only mark the price of the book sent us; itwould facilitate the work of disposing of them. J. T. B.

A GUIDE TO THE CLINICAL EXAMINATION OF PATIENTS AND THE DIAGNOSIS OF DISEASE. By Richard Hagen, M. D. Published by Boericke & Tafel, New York and Philadelphia.

Here we have a work much needed, during the past two years our students have inquired where can we get a work on general pathology and diagnosis, suitable for students? We have been at a loss to answer this inquiry. But we can now refer all our students and young practitioners to this work. "It fills a long felt want."

J. T. B.

We have received from Rufus Darby, of Washington, D. C., the following Greenback works: MONEY OF THE NATIONS. WHAT IS MONEY? THE QUESTION OF THE HOUR. The MONEY OF THE FUTURE. THE ISSUE OF 1880. THE REIGN OF MONOPOLY. By Dr. A. Bland.

All these tracts are well written by leading minds who believe the Greenback doctrine.

Some may think that these pamphlets are out of date, and that the Greenback party is dead; but this is a mistake; some of the prominent planks in the Greenback platform have been purloined to establish a sound bridge for the Republican administration to prevent them from sinking in the gulf of repudiation. Greenbackers said, "make greenbacks a full legal tender for all dues, they would then be at par with gold without any contraction of the currency." This Secretary Sherman did without law, what the greenbackers wanted done according to law, which, had it been done in 1875, the country would have been saved almost universal bankruptcy. Another plank was a bond interconvertable at a rate of 3.65 per cent.

An attempt has been made to purloin this also by issuing the Post Office small bonds and the 3¼ per-cent. bonds last winter. The Secretary of the Treasury is taking up the 5 and 6 per cent. bonds, and issuing 3¼ per cent.. notwithstanding the abuse heaped upon Greenbackers. Another plank was: The Government should issue its own money, not turning this over to the banks. Let there be banks of deposit and of discount for commercial purposes, but not be banks of issue.

This plank is still with the Greenbackers, yet the Independent press is complaining that "the banks have the country by its throat."

The fight is not over by a long way, but physicians had better devote their energies to their legitimate business, and not tarnish their robes by descending into the filthy political pool; yet every man should study this subject and be able to give an intelligent opinion on all questions of political economy. J. T. B.

Managing Editor's Easy Chair.

With this number we close volume one. The first six months of our journalistic experience as managing editor has been far pleasanter than we had anticipated. The work grows on us, and what we feared would prove irksome has actually become an amusing pastime, so that we look forward anxiously for the time when we are to furnish our monthly contributions to the printer.

We were urged, and in fact almost forced into the position, but now that the pen has been put into our hand, we say emphatically that it shall not be laid aside till abundant victory has been awarded us, and the COURIER shall be acknowledged the leading journal of the great Mississippi Valley.

The greatest men of the century in science, literature, statesmanship and war, have been produced by this great valley, and we feel that in the heart of the grandest country in civilization there should be a Homœopathic journal worthy of its surroundings. It shall be our earnest endeavor to make the COURIER *that journal*, and we ask the profession to help us do so.

We know there is a vast store of valuable information in the possession of our active practitioners, and we earnestly ask that each and every one may hand in his contributions regularly, thereby aiding us in our great work.

There will be some unimportant changes in the make-up for the next volume, and we expect to have better mechanical execution as to typography, proof-reading, arrangements of subjects or departments, etc.

The COURIER has met with more favor than could have been expected in so short a time, the subscription list is flatteringly long, the advertisement department pays, has been kept clear of objectionable advertisements, and altogether the prospects are bright and encouraging.

RESIGNATION.

Dr. J. T. Kent, one of the editors of this journal and Professor of Anatomy in the Homœopathic Medical College of Missouri, was formerly, as is well known, a leading Eclectic, and although practicing Homœopathy openly for nearly a year, has not, up to the present time, had an opportunity to formally sever his connection with the National Eclectic Association.

Dr. Kent, some time since, severed his connection with all local eclectic organizations, and now, as will be seen below, strikes off the last link in the chain that bound him to the liberal system of medical empiricism, and which is actually but a stepping stone to Homœopathy,

He promises in the near future a full statement of his reasons for change of belief. We await this "statement" with impatience, be-

lieving it will be worthy the man who has emancipated himself, and now stands fully in the light of the greatest truth ever promulgated in medicine, Homœopathy.

ST. LOUIS, Mo., May 24th, 1881.

PROF. ALEX WILDER, Newark, N. J.,
Sec. National Eclectic Medical Association.

Entertaining views with regard to the theory and practice of medicine entirely at variance, if not directly opposed to those held generally by the membership of your body, having indeed, abandoned the administration of drugs in crude form in my efforts to heal the sick, a respect for the association to which I have long been attached, as well as my sense of duty, impels me to announce my withdrawal from it, and to request of you, as the secretary, to erase my name from the roll of membership.

In doing this permit me to say that I shall always recall with pride the uniform courtesy and attention I have received from the membership at large, and toward whom I shall always cherish the kindest regards. "Following the right, as God gives each of us to see the right," I entertain the hope that in the future my relations with its members may be marked with the courtesy of the past, however widely we may differ or warmly advocate each of us our views.

In the near future will be issued a complete expression of my views, with reasons for such changes as I have apparently made; and be it henceforth known that I am an advocate and follower of *similia similibus curantur*.

Trusting you will read this at the next meeting, at St. Louis, I subscribe myself,

Respectfully,
J. TYLER KENT.

THE AMERICAN MEDICAL ASSOCIATION LASH.

The American Medical Association, at its late meeting, determined to whip into the ranks all stragglers, and as usual made a *faux paux*. Hear what the *Medical Record*, the leading allopathic journal of the country, says about it:

One of the notable features of the general session was the discussion on the proposed amendment to the by-laws referring to the teaching of prospective homœopathic practitioners. The amendment to the by-laws was proposed two or three years ago, and was laid on the table until the present session. The reason for the previous action on the question was an obvious and simple one. It was the opinion of the more conservative members that the association was not prepared to take action on the subject. Nor does it appear that such an opinion would not still hold good in view of the final result of the vote. The substitute for the amendment was no better, so far as concerned the principle involved, than was the original proposition. We have no hesitation in saying that the action taken will not be endorsed by the majority of the profession of the country. Unless we are willing to admit that the teaching of truth is harmful, that education is dangerous, that true science can be misconstrued, and that the right will not always prove itself such, we are forced to acknowledge that the association has taken a step backward in its present course It is, in truth, a lamentable confession of the lack of faith in the perpetuity of rational medicine. It is so clearly out of the province of the association to dictate to what purposes medical education may be used, that the action is absurd on its face. On the contrary, it is in perfect accord with the interest of the public and

with the honor of the profession to use every means to properly educate any one who may wish to become a physician. After such an education the physician can use his knowledge as he may see fit. Deny him this right, and we not only hinder advancement, but descend to bigotry. Such a course is contrary to the spirit of our institutions.

If we desire to crush out of existence all irregular forms of practice, the safer way is to educate the prospective practitioners of the same up to the point of disbelieving in false science. If we are not able to do this, let us seek for more light rather than shut up what we have. As it is, the association by its course has not only done a stupid thing in voting as it has done, but has still further stultified itself by making a law which is virtually inoperative, for there is really no power to enforce it, either by legal, moral, or social measures.

PERSONALS AND LOCATIONS.

We were honored recently by a call from Prof. T. P. Wilson, of Ann Arbor. He reports the University in a flourishing condition so far as the Homœopathic department is concerned. We feel confident it will continue so as long as Franklin and Wilson are "on deck."

DETROIT, MAY 1st, 1881.

DEAR DOCTOR. EDITOR COURIER:

I beg permission to notify you that I have removed my office and residence to No. 66 Howard street, corner of Second.

Respectfully,

J. G. GILCHRIST, Consulting Surgeon.

HANNIBAL, MAY 12th, 1881.

I shall remove to Kansas City 21st of May. Dr. F. A. Bishop of New York succeeds to my practice here. Yours,

WM. D. FISTER.

Dr. J. I. Groves removed from Thornton to Shanondale, Ind.

Dr. A. E. Sander removed from Amity to Portland, Oregon.

Dr. G. H. Morrison has located at Winetka, Ills.

A Physician, Homœopathic, is *wanted* at Cumberland Mills, Me. Address, Geo. W. Brown.

HOMŒOPATHIC SOCIETY MEETINGS.

Wisconsin State, June 1 and 2, Fond du Lac.
Western Academy, June 8, 9, and 10, Chicago.
American Pædological, June 3, New York.
American Institute, June 14, 15, 16, 17, Brighton Beach, N. Y.
World's Convention, July 11, 12, 13, 14, London, England.

AMERICAN MEDICAL ASSOCIATION.

If this Association at its last meeting had debated the question of quack advertising, which at present so thoroughly pervades the entire ranks of our allopathic brethren, instead of spending their breath, and exhausting their eloquence in arguing the question of admitting irregulars, "so called," to their schools and graduating classes, it would have been much to their credit and beneficial to the country at large. There were many good things said and reported, but it was like looking after a lost diamond in a wilderness to

find and separate the doings and sayings of the Association from the advertisements that filled the greater number of the pages of the report. Small doctors and drug manufacturers are so ambitious to place themselves before the public, that one can scarcely help becoming disgusted with such nonsense and quackery.

This microcephalic tribe seem to have a mania for signing their names to the merits of some compound in order that they may become noted and behold their names in print. Their experience is as vague as their clinical reports are ridiculous, and only calculated to deceive and mislead the puplic. It is true that medical science is degraded and disgraced, but by her would be bosom friends. Her ranks are thronged with Judases, whose only aim is to secure the almighty dollar. And the men who have so much to say about quackery are the Achan in the camp.

When the regular stops his ignorant misleading and quackish advertising, will the profession attain the dignity they assume,

J. W. T.

CASE FOR ADVICE.

PROVIDENCE, MAY 9th, 1881.

DR. MATHISON:

DEAR DOCTOR.—I have a young lady patient some 14 years old. Some 3 years ago she had typhoid fever and now every winter she has erysipelas of the leg and knee. I did not tend the case of typhoid fever. If you can help me any, from so vague a description, please do so and oblige, Yours,

G. S. ROBINSON, M. D.

P.S.—She has mensturated.

ANSWER

Graphites 200 has helped me in many cases of chronic erysipelas. However, you had better obtain more information concerning your patient as to the character of the erysipelatous inflammation, aggravations, ameliorations and concomitant symptoms.

Kali chlor. and natrum sulph. are frequently well indicated in erysipelas, the former for the vesicular, and the latter for the smooth variety.

THOS. MATHISON.

The Homœopathic Courier.

VOL. II. JULY, 1881. No. 1.

Theory and Practice.

THE INSANITY DODGE.

BY J. T. BOYD, M. D.

The attempt to prove the insanity of a criminal, and thus enable him to escape punishment for his crime, is becoming so common in our courts that sensible people have become disgusted; and that together with the other means used to assist the guilty to escape their just punishment, have become so successful, it is no wonder that the people take the law into their own hands, and execute quick justice with the ready rope.

"*Because sentence against an evil work is not executed speedily, therefore the heart of the sons of men is fully set in them to do evil.*"

If a criminal is able to employ eminent lawyers, and fight off his trial from year to year, till the principal witnesses have died or have been induced to move away, or if he can get up testimony that he, or some of his ancestors have had epilepsy, or some peculiarity of disposition, and can secure some stupid doctor to testify that the criminal's eccentricities plainly show insanity; he can defeat the ends of justice and escape all punishment.

It is no wonder then that the friends of the murdered man refuse to wait on the tedious uncertainties of law; but take the law in their own hands, and by lynch law execute the criminal. But what concerns us most is the disgrace brought upon our profession by *expert testimony.*

In the Kring case, that has "dragged its slow length along" for six years in our courts, the perpetrator of a most brutal murder sought to escape punishment by pleading insanity, and there were not wanting doctors who professed to be experts in diseases of the mind, whose testimony, if believed, would have turned the criminal out again to prey upon the community.

This whole business of bringing into the courts men as *experts*, whose opportunity of studying mental diseases has been very limited, and then allowing this kind of expert testimony to over-balance all the other evidence, and to work upon the sympathy of the jury, and thus secure a verdict of acquital, is all wrong and should be discountenanced by the judges of all the criminal courts.

The proper course to pursue would be for the judge to appoint a number of physicians, eminent for their learning and experience with insane persons, by a writ *de lunatico inquirendo* as a jury, submit the testimony depended on to prove the insanity, to this jury, let them examine it carefully and then decide. If the decision is in favor of the insanity of the criminal, let him be confined securely in an asylum *for life.* The result of this course would curtail the number using the insanity dodge to a very great extent.

Guy, in his *Principles of Forensic Medicine*, page 265, on this subject says:

"There are some who argue that to confine the insane for life, is an injustice, in as much as the disease under which they labor may be completely cured. It is an

injustice towards the individual, but the step is demanded by a regard to the public safety; and when all the alternatives are weighed, it will be found to be the least injustice that the case allows of."

The practical question is this: What amount of injustice are we willing to inflict on the individual, in order that society at large may be protected?

If the public safety requires that the homicidal monomaniac should be put to death, let the principle be boldly proclaimed and acted on; but if, on the other hand, this seems too great a sacrifice and too glaring an injustice, we must be content to *confine him for life*, to prevent the possibility of future mischief.

This degree of injustice to the individual a regard to the public safety will justify."

This injustice is not so great as to punish the criminal for the crime committed while under the influence of intoxicating liquors, as is always done, and drunkenness is never allowed to be plead as extenuating circumstances in his favor.

Lord Coke says:

"This is a settled principle of law, the drunkard is a voluntarious demon, and whatsoever ill he doth, his drunkenness shall aggravate it."

Taylor, in his work on Medical Jurisprudence, says;

"Drunkenness can not be plead as a palliation for crime, for then any person who wished to commit a crime would first voluntarily become drunk."

The Parliament of England, in 1843, proposed a number of interrogatories to a bench of fifteen judges on this subject with the following result, viz:

Question.—"What is the law respecting alleged crimes committed by persons afflicted with insane delusion, in respect of one or more particular subjects or persons:—as, for instance, when at the time of the commission of the

alleged crime the accused knew he was acting contrary to law, but did the act complained of, with the view, under the influence of some insane delusion, of redressing or avenging some supposed grievance or injury, or of producing some supposed public benefit?

Answer.—"The opinion of the judges was, that notwithstanding the party committed a wrong act, while laboring under the idea that he was redressing a supposed grievance or injury under the impression of obtaining some public or private benefit, *he was liable to be punished.*"

Question.—"What are the proper questions to be submitted to the jury, when a person, alleged to be affected with insane delusion respecting one or more particular subjects or persons, is charged with the commission of crime, murder for example, and insanity is set up as a defence?"

Answer.—"The jury ought in all cases to be told that every man should be considered of sane mind until the contrary were clearly proved in evidence.

"That before a plea of insanity should be allowed, undoubted evidence ought to be adduced that the accused was of diseased mind, and that at the time he committed the act he was not conscious of right and wrong. This opinion relates to every case in which a party was charged with an illegal act, and a plea of insanity was set up."

This is sound sense and should be the law everywhere, but unfortunately for society, it is not.

The works on medical jurisprudence are full of cases where cunning criminals have attempted to escape punishment by pleading insanity.

Sometimes to supplement their plea, and to produce a sensation in their favor, they will have pretended fits of epilepsy in the jail; but a person must be a rare adept in deception, if he succeeds in deceiving a skilful physician.

Occasionally persons are found who from long practice and *close study* (for they do study the symptoms of epilepsy), can deceive all but the most experienced. This thing of feigning epilepsy, or *dummy chucking*, as it is called among thieves, is frequently practiced for other purposes than to get exemption from punishment; as falling on the street or in public assemblies, to give their pals a chance to pick the pockets of the sympathizing bystanders.

It becomes important to notice the signs between true epilepsy and feigned, especially to be able to detect the fraud in criminals.

The person feigning epilepsy can hardly ever carry out the fit to the end, without detection, by a physician of ordinary skill, but sometimes it has been done successfully.

A case was tried in the courts of Indianapolis, a few years ago, where the criminal, a brutal murderer, would have escaped the gallows he so justly deserved, by a very poor attempt at *dummy chucking* that deceived some of the doctors (?) had not a sharp Irish jailer seen through his trick and exposed him.

During the fit the criminal would square himself for boxing, and assume other positions that no true epileptic ever did. The jailer concluded there was too much "method in the madness" of the criminal, or he exhibited too much skill in his boxing while his "eyes were in wild frenzy rolling," and the jailor called out to him: "Guetic if ye hit me I'll knock ye down." The threat had its effect, the epileptic took good care that he did not strike the jailer, and he soon found that his trick was "played out," and he was at last convicted and hung.

To detect this *dummy chucking* from true epilepsy is sometimes very difficult, especially if the person is an

adept in the art; the following suggestions may aid the inexperienced in detecting the fraud.

In true epilepsy there is generally sleeplessness, a capricious appetite or complete abstinence from food; the attack is liable to come on when the patient is alone or at night; there is first pallor, or the countenance is bloated, and face contorted, skin cool, muscles rigid, but the rigidity when once broken does not return again, unless the paroxysm is renewed; frothing at the mouth, eyes closed and pupils dilated, the ball of the eye abnormally twisted up or there is squinting present.

On the other hand the imposter will fail,or have symptoms that never belong to the disease, the face may be red and bloated, but the skin is warm and perspiring (the result of the muscular effort), he sleeps well except when he believes himself watched, always has his *spells* in public and when he can excite sympathy; always has a *motive* for his deception. The thumb is clasped firmly on the palm of the hand, and when the spasm of the muscles is broken by force it *immediately returns*, the thumb is again firmly clasped, the pupil of the eye is sensible to light. If observed carefully he will open his eyes slightly to notice the effect that his *spells* have upon his audience, is a very excellent plan.

There are several other plans that can be pursued that will aid in the detection of feigned epilepsy, as dropping alcohol in the eye, blowing scotch snuff up the nose, or holding ammonia to the nose, putting aloes in the mouth, sticking sharp instruments under the finger nails, proposing to perform some disagreeable operation.

I think it is Dr. Cheyne that related a case of feigned epilepsy that was instantly cured on shipboard, by the navy surgeon giving an order to have a red hot ramrod introduced into the anus of the epileptic. The patient

concluded, to use a slang expression, that "he did not want any of that in his'n," and consequently came out of his fit instantly.

We once had a lady patient, who would always, after a little family broil, have fits, returning from time to time for weeks. We had our suspicions aroused, and believed that she was shamming. We ordered every one out of the room, and hid behind the head-board of the bed, and watched. When she found herself alone she opened her eyes and ceased her contortions. We found she had a holy horror of blistering, and we told one of her lady friends in the *strictest confidence* that when she had another attack we would apply a large blister from her chin to the pubes. It is needless to say that our patient was at once informed of our intentions, as we expected and intended she should be, and the result was a perfect cure *without any attenuation* or blister either.

The threat of applying boiling water over the feet and legs and the actual pouring of *cool* water instead has acted like magic in some cases.

The physician can not be too careful in his examination of these kind of cases; neither should he be anxious to be called as an expert in our criminal courts. Many a time if the physician had indicated some other member of the profession as being more of an expert than himself, and tried to get excused, he would have saved himself great self-mortification, and retained the respect of the community in which he practiced, for an inexperienced physician is sure to expose his ignorance before the court, if he appears as an expert in cases where he is not competent.

ABSTRACTS AND EXTRACTS.

"THE WORLD DOES MOVE."—We find the following in *The Pacific Medical Journal* (allopathic). It indicates that the fosseliforous shell is cracking and leads us to hope that the old shell will soon be thrown off. If these sentiments had been expressed twenty-five years ago, the editor would have been ostracised, as Prof. Hanbury Smith was for a like indiscretion:"

"A writer in the Michigan Medical News, raps us over the knuckles for having named a certain prominent eclectic in Cincinnati in terms of respect.

"Not knowing anything against the individual, and judging him only by his journal, we had no reason to speak of him otherwise. As we may desire at a future time to make use of the names of some non-orthodox doctors in the East, we would ask our critical friend to furnish us a list of a dozen or so, of whom we may speak respectfully, without giving offense to any sanctified brother."

SOME of the priests in Spain refuse religious burial, to all those who employ homœopathic physicians. This is as it should be; the people living under the most ignorance and despotism, fraternize with medical despotism, intolerance and bigotry.

RHEUMATISM.—Dr. Frank Heller, in the Boston Journal of Chemistry, mentions aqua ammonia as a remedy for this complaint. He took one drop, diluted with water, in his own case, and felt immediate and complete relief from the pain which had lasted for ten hours. He was now able to move the arm freely, which before he could scarcely bear to be touched. The remedy, he claims, has proved a positive cure in all recent cases of muscular rheumatism, which has fallen under his observation, and these have been many.

This is not new, but has been used by allopathic physicians over twenty-five years, but not in so small a dose,

and given on the principle of an antipathy, as an alkaloid, for the uric acid diathesis.

FACULTY RESIGNATION.—The majority of the faculty of Detroit Medical College, allopathic, withdrew from the college because they were dissatisfied with the action of the trustees.

We hope that this resignation disease may not become contagious. We had an attack of that trouble in this city about one year ago, but supposed that the result was so disastrous, that it would deter any other faculty from exposing themselves to its influence. But then the cause of the trouble was different from what it was in Detroit. Here it was, that in a lucid interval, the faculty found that they were not a faculty at all according to law, but a mere conglomeration, and a bad one at that.

THE allopathy in the late American Medical Association, passed a resolution, that they would not allow homœopathic students to attend their colleges, "they would cease to educate quacks, etc."

Oh, how sad we feel! What a calamity has befallen us? No longer can we listen to lectures in the allopathic colleges, where every one condemns all the opinions of those who have preceded them, and will be condemned in return by their followers, while wandering in gloomy skepticism.

BENEFICIAL EFFECTS OF SUNLIGHT.—Being impressed with the favorable results which Prof. Vanzetti, of Padua, had obtained from the direct influence of the sun's rays in obstinate joint affections, such as synovitis and white swelling. Dr. Guiseppe determined to give the treatment a trial, and the results have been highly satisfactory. The treatment was carried on during the summer between the months of May and August.

The treatment lasted from one to three weeks, according to the intensity of the disease and the length of time

it had lasted. The affected joints were exposed to the sun's rays one or more hours each day. Under this treatment the skin became brown, the exudation was absorbed, and there was a decided gain in the nutrition and mobility of the joint.

ETHER IN SCIATICA.—Dr. Comegys recommends hypodermic injection of sulphuric ether for the treatment of sciatica, (*L'Union Medicale*, August 5th). He cites two cases, one in detail, which he has cured by this plan. Three drops of ether are injected at intervals of twelve hours. The injection need not be a deep one; and though it causes a momentary sharp pain, it does not bring on any consecutive unpleasant effects. Dr. Comegys is inclined to think that the same injection might be successful in the case of tic douloureux, for which Dr. Merino recommends hypodermic injection of ergotine.—*Canada Medical and Surgical Journal,*

ITCH—SCABIES.—At the Vienna Hospital the patient is rubbed all over with soft soap for half an hour, takes then a tepid bath for another half hour, is dried, and when in bed rubbed all over with a solution of two parts styrax to one of glycerine, packed, left several hours in his pack, takes then another tepid bath, and after a few such procedures is discharged.—*Hom. Therap.*

TREATMENT OF SYPHILIS.—Sigmund, of Vienna, advises removal of the initial lesion (if the case be seen very early) with knife, cautery, or caustic, followed by neat dry dressings. After this he advises deferring constitutional treatment, except hygienic, until the cutaneous manifestations appear. When these arrive he uses, for the lighter forms, the iodide preparations; for graver forms, with defective nutrition and strength, palpably due to syphilis alone, or

widespread pustular, papular, or squamous eruptions, mercury. But this must never be pushed to salivation. For the gravest tertiary forms he recommends mercury and iodides alternately.—*Am. Practitioner.*

RHUS AROMATICA.—This new remedy is worthy of more attention. Prof. Hale says: I have used the rhus aromatica in a few cases with good results, principally in catarrhal affections of the nasal passages and vagina, and find it almost a specific when used locally; internally I have not used it much, it seems, however, to act well in chronic diarrhœa and dysentery.—*Investigator.*

HAY FEVER.—Prof. Bins, of Bonn, calls attention to the use of quinine in hay fever, referring to the discovery by Helmholtz, of the existence of uncommon low organism in the nasal secretions in this complaint, and of the possibility of arresting their development and action by the use of quinine, as this article is destructive to this class of infusoria, therefore Prof. Bins used a solution of this drug in cases of hay fever with good effect. As the season for this troublesome complaint is near it would be well to try the local application of a solution of quinine to the lining membrane of the nose and fauces.

THE *Medical Record* assert that "*Ipecac* is a most unreliable anti-emetic," thereby admitting that it really does possess such qualities. We would suggest to our colleague that the highest appreciation of progressive scientific investigation should lead us to find out *which* the *ipecac* cases are, rather than to abandon it because it cannot be *generalized*. The sooner our friends learn to individualize drug-action, just as they do diseased conditions, the sooner they will become better therapeutists, and mankind the gainers.

CORNS may be cured without pain by using thirty parts salicylic acid, five parts extract cannabis indica, and 240 parts of collodion. Mix well and apply by means of a camel's hair pencil. So says Mr Gezon, a Russian apothcary.

DR. CHAS. W. CALHOUN (*Med. Record*)reports an interesting clinical case in which three gall stones were removed through the abdominal walls. Nature had commenced the operation by forming adhesions and sinuses.

ERUPTIONS.—Where children are afflicted with eruptions behind the ears, back of the head and bend of the knee; where the eruption is moist and apt to become purulent, graphites is my favorite remedy. Moisten one drachm of good sugar of milk with ten or twelve drops of of the 4x dilution of graphites and have it thoroughly triturated, then give a three grain powder, dry, on the tongue, every two or three hours during the day. In addition to the above internal treatment, I have used the oleate of zinc ointment externally, with the happiest effect. The ointment allays all irritiation and itching.—*Medical Call.*

BURNS AND SCALDS.—The *Paint, Oil and Drug Reporter* says that mutton is as good, if not better than linseed oil, or linseed oil and lime-water, for burns and scalds. Muslin cloths dipped in melted mutton tallow are laid over the burned space and held in place by woolen bandages. Under this treatment the healing is unexpectedly rapid. Fresh churned butter, unsalted, anwers as well as mutton tallow.

SMALL POX.—An Englishman of some note sent to a Liverpool paper the remarkable statement, viz: That the worst case of small pox can be cured in three days, simply by the use of cream of tartar, one ounce to a pint of water drank cold at intervals.

DIPHTHERIA. — Dr. Greathead, who had very great success in the treatment of this disease in Australia, used only *sulph. acid*, four drops in a tumbler of water, to be given in divided doses to an adult, smaller doses in proportion to children. He claims that it coagulates the diphtheric membrane and it is easily detached by coughing.

BROMIDE OF POTASSA AGGRAVATION.—Mr. Prowse, of Cambridge, says that salicylic acid applied locally, is a very effective and certain remedy for the pustules and peculiar ulcerations that are caused by the prolonged use of bromide of potassium. He uses a saturated solution of the acid—one grain to the ounce of water—and applies it frequently, and where possible, constantly by means of lint and oiled silk. He states that he has seen sores as large as the palm of the hand, due to the bromide, heal soundly in less than seven days under the use of this lotion.—*Brit. Med. Journal.*

CANCERS.—Mr. Herbert Snow gives in the *Lancet* the result of the study of a large number of cases of cancer: 1. Hereditary tendency as a predisposing cause of cancer is almost valueless, and in practical diagnosis should be altogether ignored. 2. Mechanical injuries directly produce cancer, in a small percentage of cases. 3. Mental trouble and hard work are the most potent agents in the production of cancer.

KARA-KARA.—Dr. Childs finds excellent effects from this drug if given within forty-eight hours. He puts an ounce of tincture in four ounces of water and gives a dessert spoonful every two hours the first day, and every three hours the second. If no relief follows in forty-eight hours the drug is to be discontinued. He thinks it is almost a specific for chordee in any stage.

Surgery.

A QUEER HERNIA.

BY E. B. STEVENSON, M. D.

January 14, I was called to see Ruth M., aged 35, and mother of six children, the youngest being about six years. She suffered considerably with darting pains in umbilical region, so sharp and severe at times, that they would elicit loud screams; she was also troubled with occasional vomiting. She complained of nothing else hurting her. Pulse slightly accelerated, respiration hurried after paroxysm subsided, for a few minutes only. Bowels rather full, with but little tenderness on pressure. Noted nothing peculiar about the appearance of the tongue. Bowels constipated. Diagnosed it colic, shot at it with the specific nux tinc. in usual dose, and returned next day to find her some worse. All previous symptoms aggravated, and a slight indication of bilious colic. So added tinct. dioscore, but without any effect whatever. Saturday evening arrived, and found her still worse, and looking positively towards a funeral. The occasional vomiting had now become stercoraceous. During the interim, she had had C. O. salts, castor oil, comp. cathart. pills, injections, and nine drops of croton oil, without an action from the bowels, or relief of pain. Was rather positive I had a case of intussusception, and as nothing seemed to do any good, and death was inevitable if she was not relieved, I resolved to operate the next day, and see if I could find and reduce the invaginated bowel, as it was then too late to operate that day. So, accompanied by Drs. Slaughter and McIntosh of this city, I went to execute my plans, but found the patient too far gone to stand the operation, as death was then stealing over her. With Drs. Gist and McIntosh,

I held a *post mortem* the next day. On laying open the walls of the abdomen, we found the small intestine highly inflamed, and distended with gas and stercoraceous material. We found the trouble to be a hernia, not femoral nor inguinal, but within the abdominal and pelvic cavities. A fibro-muscular band, about one and a half inches in length, one-fourth inch in diameter, connecting the fimbirated extremity of the fallopian tube with the ileum, about four or five inches from its connection with the cæcum, lay across the inner margin of the iliac crest. The omentum and appendix vermiformis were also firmly attached to a hard tumor an inch and a half in diameter, that was firmly encased in the trumpetous extremity of the fallopian tube, which was now entirely closed and the opening destroyed by a high degree of inflammation that had existed at some time in her previous history. A knuckle of intestine from above, had, by some means or other, dropped beneath this band that lay across the crest of the ileum and connected the fallopian tube with ileum, and had become completely strangulated. So, one with a knowledge of anatomy will see at once the condition of the parts I have described, and a knowledge of physiology will teach him the impossibility for the bowel to act under such a strangulated condition; indeed, had the bowel been ligated it would not have rendered it more impossible. In a similar case, an operation in the beginning might be effectual in giving relief. From the hard tumor, which was encased in the obliterated extremity of the fallopian tube, I afterward dissected a well developed fetus. You can but imagine my surprise on finding it there, as I believed it to be a mere fibrous tumor, until my curiosity, several days afterward, led me to expose the contents of the same. I have the specimens now on exhibition to the profession in my office.—*E. M. Journal.*

ON THE TREATMENT OF DISEASED JOINTS.

From *The Medical Tribune* we except the following:

Professor Verneuil lately read, before the Societe de

Chirugie de Paris, an important paper on immobilization and the mobilization of diseased joints, the following abstract of which will interest our readers. He began by declaring that "a fundamental principle of therapeutics demands as an essential condition for recovery, *rest for the diseased organ*," and that "a principle in general physiology not less fundamental affirms that *the activity of an organ* is indispensable to its material and functional preservation," and went on to observe that "from these embarrassing contradictory propositions it follows that the rest which cures a disease may ultimately annihilate the organ; the activity which keeps an organ alive may prevent its healing when diseased; and that rest and activity are equally useful, *even necessary*, and yet as equally injurious and dangerous."

Brought to bear on the treatment of athropathies, the above propositions tend to render our therapeutics and practice undecided and confused. And thus some urge that as the prolonged fixation of a joint may so alter its structure as to lead to anchylosis, therefore, we must limit the fixation to the shortest possible time; others maintain that rest, rigorous and persistent, is the best cure for an anthritis, therefore prolong the period of rest to the utmost extent, and disallow any attempt at movement. Bonnet, of Lyons, after having inclosed the diseased joint in immovable apparatus for a certain time, always took care, when the right moment seemed to have come, to commence passive movements, in order to restore suppleness to the joint.

This mixed practice seems nowadays to be almost universally adopted. Surgeons, no doubt immobilize the joints, because they have found out that it is necessary; but they are always preoccupied by the supposed ill effects of prolonged fixation, and eagerly look out for the moment when they may recommence the movements *which are to prevent anchylosis*. Now, Professor Verneuil said, anchylosis, in fact, is a ghost, which frightens not only the lay public, the patients, and their friends, but

also nearly all general practitioners, and not a few surgeons.

"In my practice and teaching for a long time past I have combated to the uttermost this idea of anchylosis and its prevention by passive movement. Perhaps my views may seem paradoxical: nevertheless I am led on to the discussion by facts. Thus, a child with joint disease was recently brought to me. I applied absolute fixation to the joint. All the pain ceased, swelling disappeared, and recovery was taking place. At the end of some weeks I was asked when it would be necessary to remove the bandages and commence movements. To this I replied the time has not yet come. Nevertheless, in a short time, the general practitioner, probably urged on by friends, removed all the apparatus. As a consequence, the benefits then gained were lost, and the lesion progressed. The child was again brought; some excuses were made. I again ordered fixation, and the child is now in a fair way to recovery."

The facts invoked against fixation are indeed very few, and only moderately conclusive; if the accusation is true, we ought to be surprised that the proofs are so uncommon. In order to discuss the subject with advantage, we must at least distinguish between healthy and diseased joints, and among the latter we must further establish varieties. First, then, as regards healthy joints. I affirm that there does not exist a single fact which shows conclusively that fixation, however long continued, has ever led to anchylosis. This long-continued fixation may, it is true, give rise to anatomical modifications such as diminution in the extent of the articular surfaces, to a thinning of their lining cartilage, also to a reduction in size of the synovial sacs, to a less abundant synovial secretion, and to functional changes, such as stiffness of the joints and limitation of movements. Hence not unnaturally, when necessity of immobilization has ceased, a certain time will be required for the complete restitution of the articular function. But there is nothing in all this which

resembles anchylyosis. It is only comparable with what takes place in mucous glands which are no longer traversed either by ingesta or by excretions; they do not become obliterated, as was taught by Bichat, but simply reduced in size. Their healthy condition, however, is established in a few weeks, or at most in a few months, when their function is once more revived. What better example could one have than the bladder in the case of a visico-vaginal fistula? It becomes reduced to a mere pouch, but again resumes its normal capacity, as soon as the fistula is closed. I am well aware the everywhere autopsies and experiments on animals are quoted; but neither the one nor the other have completely convinced me. I could show that the various lesions which are revealed are not in any way of the nature to lead to anchylosis, but can be attributed to other causes rather than to the fixation. On the other hand. I might mention the numberless examples of well-known cases in which the joint, for a long time kept immovably fixed, has, notwithstanding, retained its structure and rapidly resumed its functions when permitted to do so. These latter facts are at least as numerous as the opposite ones, and being more simple, are also more convincing. It is clear either that fixation *alone* suffices to alter a joint, and then it ought always to do so; or there is need of a peculiar predisposition and a suitably prepared soil, in which latter case it behooves us to seek whether this predisposition does not play the principal *role*. The learned professor inclines to this latter view. He admits that at the termination of any anthritis in the treatment of which fixation more or less prolonged has been made use of, there is a diminution, a suspension, even an abolition of movement; but does not see why this functional suppression should be attributed to fixation rather than to other causes, especially the anatomical lesion present in the joint.

Those who fear anchylosis argue that certain plastic exudations are poured out between the apposed surfaces,

which, at first soft, tend to organize and so glue these surfaces together. Fixation allows this process to proceed uncontrolled. But the synovial membrane is not alone altered; the ligaments are also infiltrated and softened. This, no doubt, cannot be ascribed to the mere fixation, but the fixation allows the process to go on, whereas movement would certainly prevent the subsequent stiffness and shortening which otherwise come on. The cartilage may even be destroyed, and then, if fixation is carried out, the plastic matter which is deposited ossifies, and true anchylosis is effected; whereas movements would at least tend to a more or less movable joint. And, moreover, the tendons are apt to get glued together within their sheaths, which is further favored by long continued fixation,

After passing in review the varieties of arthropathy, and the difference in their tendencies, he shows that there are some which never lead to anchylosis; while in others fixation may be carried out or not, there will be some interference with movements in any case, but not an anchylosis. Impaired movement is in all cases due to the disease and not to the fixation.

The pain of certain arthopathies give rise to reflex muscular fixation. If moderate, this does not lead to any ill consequences; but if excessive or prolonged, if it go on to contracture, it then becomes harmful, and by bearing unduly on circumscribed portions of the bone, or cartilages, or ligaments, it gives rise to secondary pathological changes of serious import.

In passive fixation, on the contrary, when the mechanical means are used, all movements are prevented, the muscles are kept at rest, and a limb is held in its normal position.

After an examination of the various means by which immobilization is effected, he arrives at the following conclusions:

Prolonged fixation incontestably modifies healthy joints,

but not profoundedly either in form or in the structure of their constituent parts, or as regards their ultimate function.

There does not exist, in scientific records, any authenticated examples of anchylosis produced in a healthy joint by mere fixation. The cases hitherto advanced in support of such an idea are capable of another interpretation. On the other hand, there are on record numerous examples of joints which have been kept immovable for long periods, and have regained their anatomical and physiological integrity.

Inflammation, no doubt, occupies a first place among the causes, and as it is absolutely proved that fixation is an antiphlogistic of the first rank, it is illogical to think that it produces those effects which it is known to cure.

If, in certain cases, fixation continues to produce anchylosis, it is not that fixation which the surgeon secures by apparatus, but rather that which is due to the contracture of the peri-articular muscles. As much aa the latter, which may be called *active*, favors, and indeed provokes particular disorder, by so much the former, which is *passive*, is powerful against them. There is, therefore, a capital distinction to make between the two varieties of fixation.

Anchylosis, on the other hand, far from being produced in articular disease, is but a rare termination to it; exceptional in strumous arthropathies, a little more frequent in rheumatic monosynovities, it is especially to be feared in suppurative and traumatic arthritis, though no one variety of disease is certain to produce it.

The exaggerated fear, therefore, of anchylosis has caused many practitioners to make grave errors, and has frequently led to the too early leaving off of passive fixation, and the too premature re-commencement of movement.

Mobilization, consequent on joint disease, is of two kinds—artificial or mechanical, and natural or pyhsiological—brought about muscles, either voluntary or otherwise The former, which anchylophobes use exclusively, is ad-

missible when we have to deal with the rectification of vicious attitudes of limbs, and to treat confirmed anchylosis; but it ought to be rejected as useless, powerless and dangerous, if we would avoid anchylosis. The latter, on the contrary, is of extreme utility if applied at an opportune moment; with time it accomplishes in a remarkable degree the restoration of the articular function.

He concludes by saying that artificicial fixation on the one hand, and natural fixation on the other, are the two principal remedies in arthropathies; the one combats anatomical lesions, the other restores physiological action. We may assist the former by different means—local, pharmaceutic, or hygienic; we may favor the second by electrization of the peri-articular muscles, practised during the period of fixation, with a view to the prevention of degenerescence.

To combat the inflammation is the best means to prevent anchylosis. As regards surgical measures proper, I know of none better than continued extension, and, in extreme cases, preventive resection.—*Med. Times and Gazette.*

LUPUS AND ITS TREATMENT WITH HYDROCOTYLE ASIATICA.

BY B. C. FRANKLIN, M. D.

I have had in my surgical clinic five well marked cases of lupus *non exedens* in patients who exceeded the fortieth year. I propose to give the treatment that has been eminently successful in all but one case, which, from the general impairment of constitution and extreme old age of the patient, does not promise such good results as I had hoped for, in considering the beautiful cures in the other cases. This latter case is still under treatment, and is the last of the series. The others are cured and have left the clinic for a period of time varying from three to sixteen months.

Definition. Under the term lupus—a heterogeneous neoplasm of the skin, which consists of a deposit in the corium of "granulation tissue," the elements of which resemble the cells of the Malpighian layer—I shall include all the varieties of this disease, viz.: lupus *non exedens*, the *exedens*, and the *erythematodes*. This term has been vaguely applied to other forms of cutaneous ulceration, which has tended very materially not only to embarass the nosology of diseases, but to confuse their curative treatment.

Lupus *exedens*, says Helmuth, "first appears in the form of a tubercle on the ala of the nose; it is hard and dusky red; quite sore, the soreness sometimes extending into the nostril." A thick scab first covers the ulcerated spot; this in time falls off and shows the ulcer extending inwards and rapidly destroying the alæ, tip, and columna. At this period there seems a respite to its advance *inwards*, and the spreading is rather on the surface than among the deep lying tissues. This deceptive pause soon yields, however, to a greater erosion than before, and all the structures that lie in its path inwards, whether of bone, muscle, connective, cartilaginous, fibrous or mucous tissues, melt away before it, presenting a deep, clean-cut excavation, without fetor, swelling or redness, but enveloped in a dark brown or blackish crust, the surrounding skin being unimplicated to the very margin of the ulcer.

When it attacks a patient of scrofulous habit, the extension of the ulcer is more superficial than deep, and more rapid in its progress, destroying the whole nose in two or three weeks. In the non-scrofulous patient the disease moves on with scarcely any perceptible advance, occupying years in completing its devastation.

Occasionally it is associated with a syphilitic taint, and presents all the evidence of venereal infection.

A very interesting case of the first variety of this disease came under my observation while in joint attendance with Dr. Helmuth* in the Good Samaritan Hospital, St. Louis, Mo., to which the reader is referred for interesting

*See Helmuth's System of Surgery, p. 328.

details of description and treatment. It is rare in old age and frequently is seen between the 10th and 30th year.

Lupus *non exedens* is a milder type of the disease, and appears in the shape of a red patch, or a small, soft nodule occupying the nose, face or chin, which is covered by a fine, brawny, superficial desquamation, or white scales of detached epidermis. It often remains stationary for years, producing a contracted appearance of the skin, with a feeling of stiffness or drawing-in of the features, resembling the cicatrix following a burn. It is covered with a light scaly covering, which, dropping off, shows a reddened, brawny appearance of the integument beneath. In time these patches increase in size and depth, which sometimes undergo fatty degeneration and become absorbed, leaving a superficial or depressed scar, according to the degree of deposit. At other times the ulceration extends superficially, involving the entire thickness of the skin, which is covered with a continuous crust.

Lupus erythematodes. This is a peculiar variety of the disease, and unlike the two preceding, in its characteristics. It begins as a small reddish macule in the walls of the sebaceous follicles, and extends to the adjacent structures, and spreads superficially at the periphery while it is healing in the central point. The patches are studded with pearl-colored or grayish points of sebum, which shoot up from the implicated follicles without producing deep ulceration. Upon the subsidence of the disease there appears a thin, shining, depressed cicatrix, showing the atrophic changes going on in the skin.

An *acute* form of the disease, more common in Germany than elsewhere, according to Hebra and Kaposi. has a large number of these macules scattered over the face, in some cases being confluent, and occasionally involving the trunk and extremities. They are painful and increase with considerable rapidity, and give to the disease the appearance of acuteness. Its leading characteristics are, the primitive macule, the color, the slight brawny scales, the chronic and slow course, and the tendency to scarring.

No *pain* or *pruritus*, but a slight itching, marks the course of lupus in all its varieties.

Histological elements. "The lupus tubercle consists of an aggregation of small cells, among which larger polynucleated ones, known as 'giant cells,' are sometimes found." In the lupus *exedens*, "the characteristic microscopic feature is the occurrence of sharply defined aggregations of small non-stratified cells, without much or any diffuse cellular infiltration." (Piffard).

Etiology. The proposition is almost universally held in England, France and Italy, that lupus may properly be considered an expression of the scrofulous diathesis. On the contrary, the Vienna school and its adherents oppose the scrofulous participation. Thompson, who is excellent authority on this point, maintains that it is "but the local manifestation of a general disease," a view indorsed by Dr. Pifford, a late writer on the therapeutics of the skin, as well as other dermatologists whose opinions are entitled to great weight.

Prognosis. Before any special lesion is concerned, the prognosis of this disease is good, and I believe better results have followed homœopathic treatment than any other known therapeutics. In the early stages of the disease it yields readily to internal and local medication. If it has progressed so far as to produce a lesion of considerable size, the cure will be correspondingly protracted. If it has been neglected and has gone on to involve the deep structures, thereby placing the disease beyond the hope of surgical means, with constitutional impairment which is the rule in these cases, then the prognosis is proportionately doubtful, more from the cachetic condition developed than the extent of the lesion. In two cases I am sure that I have seen epithelioma developed upon the site of an old lupoid ulceration, when all the characters of the disease were changed.

Treatment. The treatment of lupus must be considered first, with reference to the genius of the disease, viz: A constitutional dyscrasia; secondly, to the cure of the local

disorder by externally applied medicinal agents. It cannot be doubted that, if the constitutional diathesis presents well pronounced symptoms, our chief reliance must be placed upon those remedies that expend their curative action over those internal and physiological processes most deeply involved in the disease. If, on the other hand, no systemic impairment can be detected, and the lupus shows no evidence of acuteness, the local manifestations being the most prominent indications for treatment, attention to the external lesion will be ordinarily sufficient. It is right here where the higher potencies effect so much good and so frequently bring about a happy issue in these cases, where the best directed efforts of the allopathic physician have most signally failed in effecting a cure.

The remedies which I have employed the most successfully in the *non exedens* and the *erythematodes*, as well as in the *early* stages of the exedens, are *ars. iod.*, *calc. iod.*, *ferr. iod.*, *kali. iod*, *merc. iod.*, *kali. bich.*, *hydrocotyle asiat.*, *silica.*

I have tried most faithfully the remedies proposed by Gilchrist in his Surgical Therapeutics in various potencies, and regret to say the patients were not benefited in the least by either one of the following: *caust.*, *staph.*, *lyc.*, *conium*, *baryt.*, *graph.*, *phos.*, and *sulph.* My experience has led me to remark that the iodides and their bases have effected better results with me than either of the preceding remedies, yet I have sometimes been disappointed in their use. Of all the remedies which have given me the most successful results is the *hydrocotyle asiatica*, and I can testify my commendation of this remedy which Helmuth has called the attention of the profession to, in his recent work on Surgery, and which acquired such "great reputation in the hands of Dr. Boileau, resident in the Mauritius." "Of 57 persons suffering from lupus who were treated by the remedy, *in all without exception*, the disease was arrested and in a eary short time."

I have heard the statement made, I think by Dr. Gilchrist, that *hydrocotyle* was not curative of lupus; that the relations of the drug pointed to elephantiasis arabum alone. My opinion differs widely from this, and I have the record of *three cases* to prove its efficacy in lupus, and I am sure the profession can rely upon it with certainty in all cases whese constitutional diathesis does not develop a marked indication for treatment.

ABSTRACT OF CASES TREATED IN CLINIC AND HOSPITAL THE PAST TWO YEARS.

Case I. Sarah C., æt. 36. May 6, 1880. Had ulcer on right side of cheek covered with scab size of a half dollar. Had been suffering with the disease more or less for three years. Removal of scab shows the characters of lupus. Sharp stitching pain in part. For the past year growth had ceased till three months ago, when it began to increase sensibly. Diagnosis, lupus *non exedens*. Prescription, *hydrocotyle as.* 6x, three times a day internally and ten drops in one ounce of water locally. May 12. Feels a little better; parts do not feel so stiff; no pain; C. T. May 12. Reports herself decidedly improved; C. T. June 10. Scab shows no tendency to return; skin feels a trifle indurated, but shows marked improvement; C. T.; medicine to be given twice a day. June 22. Reports herself perfectly cured. Discharged.

Case II. Mrs. T. Webster. Entered clinic May 18th. History. Seven years ago had small pimple on right side of nose, red and elevated, which ulcerated and spread, and for nearly two years it stopped growing. The size of a silver dollar now, and extending over the skin surface. It began to grow from being overheated, attended with itching, The scabs would grow and fall off, leaving a reddish base. Diagnosis, lupus *non exedens*. Prescription, *hydrocotyle as.* 6x, three times a day and first dilution of the remedy applied locally. June 1. Patient improving; C. T, June 28. Improvement continues; C.

T. This case continued the remedy till all was taken, and in consequence of my absence from the city did not see her till my return in October, when she reported herself cured.

Case III. Mrs. P. Entered hospital Nov. 27, 1880. History like the preceding. Gave her *ars. iod.* 6th, three times a day, and ten drops of *iodine* in one ounce of water applied externally. In three weeks she returned very little benefited, if any. Gave *ferrum iod.* 3d, twice a day, and the same application locally. Returned in two weeks not improved. Ordered ☐ for one week and *hydrocotyle as.* 6th three times a day for two weeks, and the *hyd.* externally as in the preceding cases. She reported in three weeks that she felt "a hundred per cent. better;" C. T. To report in three weeks more. Reported cured.

Case IV. J. W. H., æt. 70, male. March 22, 1881. Had growth under left eye. Began as a red, elevated pimple in the skin. The physician treated it with escharotics, which resulted in complete ectropion, which was subsequently operated upon and cured. Now has a similar growth on nose. Diagnosis, lupus *non exedens.* Gave *hydrocotyle as.* 6th, three times a day, and the external lotion. April 7. Returned with slight improvement. Ordered medicine continued. Have not seen him since and don't know positively the result of treatment.

I shall look at this case with a considerable interest, for I was a little in doubt about the diagnosis, although the previous surgeon expressed himself with great positiveness as to the disease, and pronounced it unhesitatingly the *non exedens* variety of lupus.

It seemed to me that the disease was implicating the skin too deeply; the scab was a little too hard for lupus, and the adjacent skin too much infiltrated for a *positive* diagnosis of lupus. We shall see soon and report the result.—*N. Y. Med. Times.*

PAINLESS OPERATION FOR IN-GROWING TOE-NAIL.—In

the *Independent Practitioner*, of November, 1880, Dr. J. H. Converse says, a painless remedy for in-growing toe-nail consists in wedging cotton under the free margin of the nail, placing over it a piece of adhesive plaster with a hole cut into it the size and shape of the nail to be removed; then moisten the end of a pencil with caustic silver and apply it to the part to be removed, taking care not to touch any other portion. The next day the nail will have assumed a black or brown appearance. Upon raising the nail it will be found to have become separated from the sub-adjacent tissue, and all that is required to complete the cure is to clip off the dead portion.

BORACIC ACID.—Neuman prescribes an aqueous solution in parasitic skin diseases, an alcoholic solution in itching due to urticaria and pruritus, an ointment in all forms of eczema. It may also be dusted over a part in powder. The ointment is of the strength of ten parts in fifty; the solution, of ten to twenty parts in three hundred.—*Der Practische Art.*

THE BEST ANÆSTHETIC.—The *Anæsthetic Mixture* commonly used in the Vienna General Hospital is composed of *alcohol*, 90 parts; *ether*, 90 parts: *chloroform*, 30 parts. Billroth has used this for nine years without a death, except one that occured last summer.

PRURIGO.—Invariably aggravated by cold and equally relieved by warmth, especially in bed. Cured by rumex crispus, 12.—*Dr. Bernard-Hardenpont, in Hom. World.*

BURNS.—Iodoform in the form of spray, or in the form of ointment has been recommended recently.

Electrology and Neurology.

DIAGNOSIS OF PROGRESSIVE LOCOMOTOR ATAXIA.

Were only typical cases brought to the observation of the physician, a chapter on *diagnosis* would be limited. Unfortuunately such is not the case, as a large portion of the cases that are present, while many of the features of the disease are present, yet complicated, with *rare* and anomalous symptoms, show remarkable complexity; and this is especially true in the forming stage.

The diagnosis must consist of a sifting process, by which not only a definite character is given to the atoxic symptoms, but the extrincic phenomena must be accurately measured. The time at sea, as it were, is to be definitely marked, or at least, so far as signs can guide us in our lunar problem. We have attempted to show, that lesions of sensation and co-ordination, are common symptoms, but our diagnosis would be faulty were it based upon even these prominent features of the disease, except where many of them enter into the totality of a symptom picture, which would be too extremely typical a case to require an extended study.

Given a case with fulgurant pains, paræsthesia in the extremities, marked staggering on closing the eyes, the girdle sensation, the lassitude and lack of precision of all or some movements, visual disturbances, etc., then may our diagnosis be clear; but when a few of the above phenomena are mixed with many others, not mentioned as typical, then do we need to estimate the relation of each

symptom to the totality, and its ultimate bearing upon primary symptoms. No greater field for physiological study exists, than in the area of tabes phenomena and its complications. No greater complexity of symptoms comes to the observing physician, than is found in the occasional symptom picture of tabes. It is the complications with meningitis, and affections of the gray matter of the anterior and lateral columns that constitute this complexity.

I have inferred that mistakes do often occur, in not being able to recognize sclerosis of the posterior columns in the first stage.

The fulgurating pains too commonly pass for an attack of rheumatism. Every specialist has noted this common mistake, and it should be a cause for a closer study, by medical men in family practice.

To more fully comprehend the order of phenomena, the disease has been divided into three well defined stages. These stages have been designated by E. C. Seguin, as follows: The stage of fulgurating pains, the ataxic stage and the pseudo-paralytic stage. The line of demarkation and the period of time in which the patient passes through the different stages are variable. When a case of posterior sclerosis has passed its entire course, without fulgurating pain, which has been the case, we might suppose the first stage of the disease to be wanting. But such cases require a more extended consideration than would be profitable to a common reader.

It is more to the purpose, for us to dispose of such symptoms as are present in the majority of cases, and attach due importance to them, than to mark the importance of negative signs.

When we are about to examine a patient, to detect the absence or presence of posterior spinal sclerosis, we ascer-

tain as to the existence of the tendon reflex, as a first move. If he has had fulgurant pains with disorders of sensation, loss of deep reflexes, ocular paralysis, we are confident as to the diagnosis. The unimportant symptoms may be complained of, such as exist in other nervous affections, and are not diagnostic. Mydriasis, cranial nerve disorders, numbness in extremities, staggering when the eyes are closed, girdle sensation, bladder disorders, excitability of the genital organs, various crises mentioned above, arthropathies, trophic lesions and brain symptoms. Where the unessential symptoms are considered in conjunction with the important ones, the totality is magnified and rendered more certain if possible. The advent of the disease or first stage, is most likely of all to puzzle the medical man, and especially if the fulgurating pains are delayed, and other irregular manifestations are present.

Seminal emissions have made their appearance, as a first manifestation of lumbar irritation, soon to be followed by fulgurant pains, and localized unilateral hyperæsthesia diplopia, ptosis mydriasis anæsthesia of the plantar surfaces of feet, sexual excitement (satyriasis), weakness of the bladder, diminished reflex of the tendon patellæ. These symptoms, constituting the first stage, may continue for years, the patient enjoying excellent health. Sometimes slight arthropathies, amblyopia, etc., are noticed in this stage, where the cerebral prolongation of the posterior columns is perhaps included in the forming sclerosis. Many have been the cases thus complained, and the good doctor of the family has said, "O, its nothing but rheumatism, you will get over it after a little while." The continuance of this stage, previous to the appearance of the ataxia, is about three years, though often not more than one, and sometimes as many as five. The appearance

of the ataxia marks the beginning of the second stage. The symptoms of the first stage are handed down with some exaggeration to the second; and staggeringwith closed eyes, impatience, very severe arthropathies sometimes, amaurosis, the girdle sensation, great aching in the back after sudden jar, sometimes paralytic dementia, catarrh of the urinary cyst, and muscular spasms are added to the symptom-picture. As has been intimated, the ataxia is the principal feature of this stage, and when in connection with the above group no mistake can be made, and especially the fulgurating pains.

The third stage compels the patient to keep his chair or bed the entire while.

The heretofore enumeration of symptoms has not diminished, only as they have been swallowed up by those of greater magnitude. They have all become greatly exaggerated, and as we see the patient lying in bed or sitting upon a couch, he is distressing to look upon. We can but diagnosticate his disease when we see his irregular movements. He still describes his lightning pains, his loss of sexual power and great constipation of his bowels, we see his marked ocular ataxia, and listen to his complaint of blindness, deafness and various crises. We see the swelled joints, in which there is accumulation of fluid, and observe the apparent paralysis of muscles and dementia.

We may have the above symptoms, in combination or associated with numerous complications.

To differentiate this disease from some affections of a hysterical character is not difficult, but some paralyses may be confounded with fulguiating pains. Reference to symptomatology may be made for a description of their pains.

It may be differentiated from diphtheriatic paralysis, by

the absence of the acute attack, from general paralysis, by the lack of fulgurant pains and associate symptoms, and comparison of symptoms by stages, the rapid loss of mental faculties and exalted notions of person. Time will soon determine any matter of doubt. But it may be but just to remark, that there are many features in common with these two maladies, and a close study in comparison, will amply repay the medical man. In disseminated sclerosis we sometimes see ataxia and fulgurating pains, but the former is not so regularly progressive in relation to other symptoms, and the latter are generally circumscribed and remain in regions. Many of the associate symptoms of tabes are wanting, and especially the peculiar ocular paralysis. The rythmical trembling is characteristic of disseminated schlerosis, but is absent in progressive locomotor ataxia.

Not every case that presents symptoms of staggering when the eyes are closed can be called ataxia, such is not the ataxia, but an evidence of plantar anæsthesia. Staggering and falling with the eyes closed should not be considered as pathognomonic of any disease, and this symptom must be closely compared with the loss of the power of co-ordination, as herein lies the close point of decision between chronic myelitis transverse and tabes; in the former is found staggering with the eyes closed, from anæsthesia of the feet, and in the latter, true inco-ordination with or without plantar anæsthesia. K.

Obstetrics.

KUMYSS IN CHOLERA INFANTUM AND SUMMER COMPLAINT.

As the season is rapidly approaching when we may look for trouble among the children, and as medicines alone will not meet all cases, we desire to call attention to the following article, by Dr. Arch. Campbell:

To those who have the care of a large number of artificially fed children, the approach of the season when diarrheal disorders are most prevalent and fatal, is always looked forward to with anxiety, and whatever new food is offered, that promises to be worthy of a trial, is eagerly seized and used with the hope that sufficient good may be found in it to help tide us over in some trying case.

In the summer of 1878, Dr. Busch placed at my disposal as much of his preparation of Kumyss as I might need for trial. The success met with in its use that season, was such, that I formed a decidedly favorable opinion of it, and have prescribed it freely during the past two summers. In a severe case of choleraic diarrhea we derive but little aid from medication, the primary cause of the disorder being the food which was put into the child's stomach; for these cases occur almost exclusively among fed children. Our aim is chiefly directed towards finding something upon which the infant can be nourished, and which will not increase the trouble already existing. In kumyss we have a food which children with high temperature not only take kindly, but crave, its slightly acid taste being grateful to their parched tongues. It is an absolutely non-putrifactive food, is free from sugar, and it is rarely rejected by even the most irritable stomach.

In administering kumyss, the gas should first be expelled by pouring the contents of a bottle from one pitcher to another. Begin with small doses gradually increasing the amount, and, when the stomach will bear it, barley-water may be used to quench thirst. Before returning to a full milk diet, it is better for a few days to use one of the prepared foods. While I do not claim that kumyss is a panacea for every case of choleraic diarrhea, I can say we have in it a valuable aid to treat this most formidable complaint.

It is not my intention to convey the impression that I administer kumyss for its curative properties as a medicine but regard it as a food. Its use in the early stage of a choleraic diarrhea, will aid in arresting the disease by supplying a nourishment which the infant can retain, and which will readily be absorbed. It works best in cases where the temperature is above normal, from the fact that it must be given cold. Of course many children to whom it has been given have died, but I can say for it that it has never failed me in any case of cholera infantum, except some in whom well-marked brain symptoms had existed before it was administered, to such a degree as to preclude the possibility of a recovery. Even in these cases it is an advantage, for we are giving a food which will not be vomited, and which will satisfy thirst. I know of but one case, provided it had been given according to directions, where a child would not retain kumyss in its stomach. This was a bottle-fed child, with simple diarrhea of indigestion. The temperature was one degree below normal, and it required a warm rather than cold food. Nestle's food agreed admirably with this child for about two weeks, when diarrhea again set in, and it died of general atrophy."

Kumyss may be made as follows:

As soon as the cow is milked, take one champagne bottle of milk, and into this put one tablespoonful of white powdered sugar previously dissolved in water, add one tablespoonful of brewers' or bakers' yeast, and shake

thoroughly, but not sufficiently to produce butter. Set the bottle in a warm place, where the temperature will be about sixty degrees Fahrenheit, and let it ferment. It is difficult to describe its appearance when ready for use, but this will usually occur in two or three days. The cork must be well tied in to prevent it being thrown out by the fermenting liquor. The next making of Kumyss may be prepared from the first when it is four or five days old. One third of a bottle of the old Kumyss may be added to two-thirds of the new or fresh milk. Before drinking, shake the bottle well.

REST AFTER DELIVERY.—Dr. H. J. Carrigues, (*Amer. Journal Obstetrics*, October, 1880,) makes an extended study of this disputed question, and reaches the following results: Anatomy and physiology teach us that the puerperal uterus is large, flabby, anteverted and anteflected; that all the surrounding parts destined to support it are distended, soft and yielding; that its interior presents large wounds, bathed in a fluid rich in disintegrated tissue elements; that the placental site is pervaded with large, venous sinuses filled with recently formed clots; that at least the vaginal orifice, and often other parts of the obstretic canal, present open wounds; that the processes of regeneration, of transformation and absorption requires at least two months, and that retrogression is most active during the second week. His practical conclusion is "that the upright and sitting posture ought to be carefully avoided until involution has proceeded so far that the uterus has receded from the anterior wall of the abdomen and returned to the pelvic cavity. In order to ascertain this he daily examines the position of the fundus uteri as compared with the symphysis pubis. When he finds that it has subsided behind the symphysis he thinks that it finds sufficient support in the true plevis. This process in different women requires different periods. He has seen it occur in five days, but in most of his cases it took two weeks.—*Detroit Lancet.*

TREATMENT OF STERILITY DUE TO ACIDITY OF THE UTERO-VAGINAL SECRETIONS.—The conclusions of Dr. Charriere are as follows:

1st. There are certain cases in which an acidity of the utero-vaginal secretions (determined by the use of litmus paper) present the only bar to conception, the spermatozoa being destroyed by the contact of the acid liquid before conception can occur.

2d. To remedy this abnormal condition, recourse must be had to an alkaline treatment, comprising the employment of alkaline drinks, baths and injections.

3d. The acidity then disappears, the secretions become neutral in reaction, and obstacle to conception is removed.

4th. In this way we may account for the cure of sterility in those frequenting the hot-alkaline and sulphuro-alkaline springs.

PRURITUS OF PREGNANCY.—Prof. M. A. Pallen, M. D., in the *Medical Gazette*, uses thymol, fifteen grains; vaseline, thirty grains; powdered brick clay, three ounces. Dissolve the thymol with the vaseline and rub it up with the clay. This is to be applied to the pruritic parts, washed off every day or two, and re-applied. Dr. Pallen's experience has been that, excepting those cases depending on trophic nervic causes, this prescription will always effect a cure. He advises its use also in herpes and similiar eruptions accompanying the later months of gestation.

PUERPERAL MANIA.—The *Virginia Monthly* mentions a case of this disease cured by ten grain doses of chloral hydrate repeated every two hours.

Correspondence.

SPECIFIC GRAVITY OF URINE.

SAMUEL POTTER, M. D.

In a review of my book (*Index of Comparative Therapeutics*), in the February *Courier*, I am taken to task for the statement that a urinary gravity of 1018, means 18 grs. of solids in each fluid ounce. The reviewer, *J. T. B.* characterizes the above as "a mistake," and argues from the weight of an ounce of distilled water, that the 18 grs. of solids are contained in "more than two ounces" of urine, instead of one ounce as I stated.

I will quote *J. T B.'s* authority, Dr. Golding Bird (Urinary Deposits, p. 77, Lea's edition) and show him that my statement is entirely correct. Prof. Bird Says:

"A glance at these figures presents us with a mode of recollecting the quantity of solids existing in urine of different specific gravities depending on the *curious coincidence* existing between the figures expressing the densities and the weights of solids present; and is exceedingly useful when the table is not on hand for reference. Thus if the specific gravity of any specimen of urine be expressed in four figures, *the two last will indicate the quantity of solids in a fluid ounce of urine*, within an error of little more than a grain, when the density does not exceed 1.030."

Again, DaCosta (Medical Diagnosis, 5th ed., p. 627) says: "From the specific gravity we may calculate approximately the quantity of solid matter passed, by multiplying the number above 1000 by 2, for the specific gravities below 1018, and by 2.33 for those above. For instance, in urine of specific gravity of 1010, there will be 20 grains of solid matter in each 1000 grains of urine" [not 10 grains as *J. T. B.* would have it.]

My reviewer confounds the relations between weights alone, with those between different weights of similar volumes. His correction would hold good if the urinary

solids had the same density as equal volumes of water. But as they are from 1.43 to 2.58 times greater in density, his statement is wrong and mine must stand.

When we reviewed Dr. Potter's work, we casually opened at the analysis of urine, and seeing this remark made by Dr. Potter, viz:

"*Specific Gravity.* If possible, take mixed urine. Normal is about 1018 i. e. 18 grs. of solids in each fluid ounce."

We stated that this was not exactly right, that the specific gravity of urine was not exactly the amount of solid substances in a *fluid ounce*, and quoted Bird on this subject as follows: "This, if the degree 18 be at the surface of the urine, its specific gravity is said to be 1018 (the number 1000 being always added to the number on the stem). This shows that a vessel holding, when quite full, 1000 grs. of distilled water, will contain just 1018 grs. of urine or other fluid under examination." *

Now the fact is, that neither of these statements is exactly correct, and therefore the attempt to obtain the specific gravity of urine, by weighing an ounce of this liquid would lead to error.

Berzilius' table that has been adopted by other chemists, has urine as follows: 933 parts water, and 67 parts solids, in 1000 parts. †

And Christison's table, where he gives the specific gravity of urine at 1020 gives 46.60 pts., as the quantity of solids in 1000 pts. i. e. water 953.40 solids 46.60.

Becquerel and Rodier, state, that in urine at specific gravity of 1020, there is water 971,634 pts., and solids 28,066 pts. in 1000.

The fact is that no two authors agree as to the amount of solids in a given quantity of urine, or the proper specific

*Bird on Urinary Deposits, p. 57.
†Trait de Chimie.

gravity. Prout gives 1020, Frick from 1022 to 1028, Becquerel and Rodier 1020 to 1025, Da Costa from 1018 to 1020, and the plan mentioned by this last author of calculating the quantity of solids by multiplying the number above 1000 by 2 if below 1018, and by 2.33 if above that, to get the amount of solids in a given quantity, shows the difficulty attending examination in this way. We agree with Frick, he says:

"Of the different means of obtaining the specific gravity of urine, the urinometer is by far the most convenient; it is exceedingly simple in its construction, and its mode of application is obvious on inspection.*

"By aid of this instrument the specific gravity is easily obtained, no matter what quantity of urine is used for that purpose."

Dr. Potter in his excellent work is nearly correct on this subject, but not sufficiently so far accurate work, and, we called attention to it, fearing that some would endeavor to obtain the specific gravity of urine by weighing an ounce of it, this might lead to error in diagnosis.

J. T. B.

THE SCHOOL OF THE FUTURE.

[From the New York Medical Times.]

"Give me a fulcrum for my lever," said the ancient philospher, "and I will move the world." In the medical world, that fulcrum has been found in the law of the *similars*, and the lever used not always wisely and in the line of its greatest power, has still elevated the medical world to a higher plane and opened before it a broad avenue of scientific investigation, where each footstep can be planted on the firm ground, not merely of theoretical but of

*Frick on renal diseases, p. 58.

experimental truth. This has been done, not simply by profound philosophical disquisitions, by fine-spun theories and logical deductions in which we are told what ought to be—for the logic of facts often upsets, by strange and unlooked-for development, the logic of the schools—but by tracing cause to effect and reasoning back from effects to a closer analysis of causes.

The catholicism of Hippocrates gave place to the dogmatism and sectarianism of Galen, which ruled the medical world as with a rod of iron for sixteen centuries. The catholic spirit, the broad yet searching habits of investigation of the Father of Medicine, were lost sight of in the one idea of Galen and that coarser line of thought which divested the human frame of all the finer influences of vital forces and spirit life, and looked upon it only as so much gross material to be controlled only by the stronger forms of material force.

We are not surprised, in looking at the records of the medical world from Galen down through the centuries to Hahnemann, at the small advance made in the great field of therapeutics, in the line of scientific investigation. What could we expect where the revelations of the anatomists, the studies of the chemist and botanist, were met by the inflexible and iron law of *contraria?* Surgery could and did advance with rapid strides, for here was something tangible; but the therapeutist, hedged round by a sectarian bigotry, could find but little practical use for the facts unveiled by the pathologist of the footprints of disease. The pathological conditions revealed from the toxicological action of drugs gave no clue to treatment where similar pathological conditions were found. The results of the disease, and records of the pathologist, were but little more than a gathering together of facts which could not be utilized.

With the inductive method of Hahnemann, and his unfolding the law of similars, the key-note of scientific progress was struck, and the chains of old-time error which for sixteen centuries fettered the medical world

were broken at a blow. No longer was the work of the physiologist, the pathologist and the microscopist, a mere gathering together of facts which had but little practical use in therapeutics, and which served but little more than to gratify scientific curiosity, but the open sesame to a new world, so bright, so glorious, with its unfoldings of truth, that we can scarcely wonder that those upon whom the light had just broken were astonished at the results obtained, and the grand possibilities of the future.

History tells us of the dark ages, when liberty seemed blotted out, mind held in thraldom, and the despotism of barbaric ignorance and brute force had swept away almost the last vestiges of the civilizations of Greece and Rome. But in reality there never was a dark age. During all those centuries when the human race seemed drifting back into barbarism, mind was at work in the quiet cloisters, back among the mountains, away from the warring strife of men, hewing out from its God-given quarries, thoughts, truths, principles, which in the fullness of time were to ripen into that progress which has marked the past two centuries. And so, during that long period of medical sectarianism, the close observations of earnest men, and the facts revealed by scientists, were accumulations of truth to be utilized in therapeutics, when in the progress of time, some master mind strikes the key-note of a great truth, which opens wide the door to medical progress, and lifts our profession from empiricism to the ranks of science.

Hahnemann, in bringing out into strong, clear light, the dual power of drugs, and the similarity between their action upon the human system and the progress of disease, showed how one could be made to combat the other, and established a principle which has been only strengthened by the labors of the chemist, the physiologist and the pathologist. Through these revelations, now guided by a scientific principle, we reach conclusions more clearly and with more certainty, in a short space of time, than

could be obtained by the ancients, even after a long period of careful watching and close observation.

Bichat, in his experiments with *strychnine* upon nerve tissues and nerve action, opened a line of physiological investigation eagerly taken up by Magendie, and followed out with a careful, pains-taking spirit by the brilliant array of physiologists, microscopists, and pathologists of the past half century, placing in the hand of therapeutists a magnificent array of facts to be utilized in their study of disease and drug action.

It requires no prophet's eye to foresee the school of the future. The inductive method of Hahnemann, the labor of scientific minds everywhere in the medical world lead along the same path and point to the same conclusions. Side issues there are, and will continue to be—differences of opinion as regards the mode of administering drugs and their power of action; but the great central idea, now so firmly established, will be the guiding spirit in the school of the future; and as one after another of the barnacles which cling to it drop off, it will be found to be the golden chain linking together in fraternal fellowship the whole medical profession,

As in the past, when the great principles for which the Abolition party contended became the principles of the nation, its great work was accomplished, and its name—as a distinctive party name—was embalmed in the memory of a vast work performed and a great victory obtained; so, in the future, as the great principles for which we have so long contended become (as they are fast becoming) the principles of scientific medical men everywhere—under different names, perhaps, yet still the same—the old war flags will come down and be placed away among the records of vast contests, and those who cling with blind tenacity to old issues which have no longer any real existence, will find themselves floundering in the rear while the great tide of scientific progress sweeps over and beyond them.

Editorial.

The interest a journal creates, depends much less upon its editors than it does upon its contributors. Physicians want practical facts, briefly stated, which are applicable to every day bed-side practice. In order to meet this reasonable expectation as fully as may be, we cordially request our readers everywhere, to send us items, reports of cases, confirmed symptoms, provings, society proceedings, personals, etc. If you have an interesting case to report, don't wait until you forget all about it, but sit down and write it out in a compact form, and send it on. If you have not the time to write in full, send on the facts, and we will put them in proper shape for publication. If you have a new instrument, or a discovery in materia medica or therapeutics you wish to bring before your medical brethren, sit down, write the facts and forward them to us.

"ALL THINGS TO ALL MEN."

In the *Eclectic Medical Journal* we read a bit of news quite spicy in the main, as things of this kind generally are, coming from the editorial pen. In referring to the practice of some physicians Dr. Howe says: "If they happen to drop into a family having homœopathic proclivities they are thoroughly versed in the doctrines of Hahnemann and admire all the nice features of the practice, &c., &c. And if they happen to be called into an Eclectic family, they assure the new found patrons that they understand all there is in Eclecticism. Such are the 'all things to all men' tricksters, and they train in orthodox camps, and a plain feature of their 'make up' is that they know very little about any kind of medical practice.'"

We would like to inform Dr. Howe that these "all things to all men" are not entirely within the scope of orthodox camps. We know a would-be leading Eclectic in St. Louis who carries his sugar pills to such families as will not permit the use of anything else and informs them that he trains with the simon pure Hahnemannians. He is so far from believing in the law of similars, that he once upon a time attempted to convict Prof. Scudder of Hom-

œopathic inclinations, because the latter had used carb. veg. 2x, in uterine hemorrhage. This only shows the hypocritical nature of the *anthropos*. For an eclectic to pretend to understand the homœopathic practice, and then give nasty compounds of crude drugs, is but the summit of absurdity. He either does not know the law or his monied interest will not permit him to practice according to his understanding. K.

PERSONALS AND ITEMS.

Jos. W. THRASHER, M. D., St. Louis, has removed his office to 2713 North 14th Street, near St. Louis Avenue.

A. R. BARRET, M. D., Richmond, Va., has associated with him Dr. George L. Stone. Office No. 100 Seventh St., cor. Franklin.

An association has been formed in the District of Columbia, to establish a Homœopathic Hospital which shall be national. The executive committee will be glad to receive any contributions through Hon. M. Blair, chairman, or C. B. Gilbert, M. D., corresponding secretary.

A. M. LESLIE & Co., instrument dealers, have now removed to No. 204 N. Fifth Street, on the east side bet. Pine and Olive streets.

DR. C. A. MAYER has been appointed Resident Physician to the Brooklyn Hom. Hospital. This institution now has an ambulance service which provides a large number of accident cases, thereby adding to its facilities for clinical instruction.

CHAS. DEADY, M. D., Resident Surgeon at the N. Y. Ophthalmic Hospital, reports for February, number of prescriptions, 3,536 ; new patients, 539 ; residents, 22 ; average daily attendance, 153 ; largest, 217.

DR. J. J. NAVARRO has returned to his old field of practice in Santiago de Cuba, and is engaged in writing a

Manual of Homœopathic Practice, for popular use. We are sure the work will be well done.

DR. C. E. FISHER is looking carefully after the interests of "our school," in the proposed establishment of a medical department of the University of Texas.

DR. J. P. DAKE, of Nashville, Tenn., has been requested to prepare a paper on " Drug Attenuation," to be read at the meeting in London this month.

MR. GEORGE I. SENEY has given $270,000 for a general hospital to be located in the southern part of Brooklyn.

DR. A. P. WILLIAMSON, Chief of Staff, reports 794 patients treated at the Homœopathic Hospital W. I., during March, with a death rate of 3.02 per cent.

THE Homœopathic surgeon general of New York, Wm. H. Watson, M. D., has been appointed regent of the University of the State of New York, in place of Chancellor Benedict, deceased.

RECOGNITION IN FRANCE.—Two eminent homœopathic physicians in France, have had conferred on them the cross of the Legion of Honor.

A HOMŒOPATHIC HOSPITAL will soon be built at Berlin or some other city in Prussia, 50,000 thalers having been bequeathed by Herr von Wiesecke, a member of the aristocracy.

DR. SICH, a distinguished homœopathic physician, has been nominated by the Wuertemberg government, professor at the Royal Faculty of Medicine.

THE QUEEN of Wuertemberg has just given one thousand marks to the homœopathic association called *Hahnemannia*, as a scholarship fund for poor students.

AT LEIPZIG, in 1880, the number of new patients treated at the homœopathic dispensary was 3,957. The previous year it had been 3,400.

Societies.

AMERICAN INSTITUTE OF HOMŒOPATHY.

THIRTY-FOURTH ANNUAL MEETING.

FIRST DAY.—Tuesday, June 14th, 1881.

The meeting was called to order by the President, Dr. J. W. Dowling, of New York. Prayer was offered by Rev. Dr. Morse, Third Baptist Church, Brooklyn. The order of business, as prepared by the Executive Committee, was, on motion, accepted and adopted.

After some preliminary remarks, the able address of the President was read and referred to the usual committee, consisting of Drs. Cooke, Morse and Owens.

The President then appointed the Auditing Committee, consisting of Dr. C. S. Orme and I. T. Talbot.

The report of the Committe on Publication for 1880, was then presented by J. C. Burgher, Gen. Sec'y, and was briefly as follows—that the transactions of 1880 were published, and delivered to those entitled to receive them, within the alloted time, by the Institute. The work contained 738 octavo pages, and was substantially bound in cloth. A supplemental report was also presented, stating that over 3.000 circulars, to the profession at large, had been issued. Circulars had also been sent out the profession at large by Drs. J.W. Dowling and W. L. Breyfogle, at their own expense.

Dr. J. C. Guernsey presented his report, as editor of the Trans. of 1876 and 1879, in which he recounted the obstacles he had met with in the work, and asked the institute to take action in respect to the disposal of the stereotype plates. Upon motion the report was accepted and referred.

Dr. E. M. Kellogg made his report as Treasurer, showing $111.43 cash on hand, and, on motion, the accounts were referred to the Auditing Committee.

SUMMARY OF THE NECROLOGICAL REPORT.

BY DR. HENRY D. PAYNE.

Eleven members of the Institute have been removed from its fellowship by death, since the last annual session. If other losses have occurred during the same interval that are not embraced in this

record, it is because they have not been reported to this Bureau, or have escaped the dilligent inquiry of the compiler.

The report contains brief memorials of all these, our recently deceased associates, which will appear at length in the Transactions, together with a few others that were omitted from former reports for want of the necessary information.

An invitation was received from the Homœopathic Medical Society of the County of New York, to a reception, which was accepted with thanks, and referred to the Executive Committee for arrangement of time.

BUREAU OF ORGANIZATION, REGISTRATION AND STATISTICS.

Dr. Talbot, Chairman, read the report which contained the following suggestions:—1. That the form of application be changed, so that instead of being as at present a mere certificate of fitness for membership it shall be a direct application made in the hand-writing of the applicant, and certified to as now, by three members.

2. That persons elected to memberships may become life-members, and exempt from annual dues on the payment of one hundred dollars. 3. That members by paying five dollars per year from the date of his last annual due up to the time when, by his twenty-five years of membership he could become a senior, he shall thus become a life member and exempt from annual dues.

4. That the names of all applicants for membership, with their residence, place and time of graduation, and names of members certifying thereto, shall be pasted in some conspicuous place during the session, at least twenty-four hours before election.

5. That the number of Vice-Presidents of the Institute be increased to four.

6. That a salary of three hundred dollars per annum be paid to the treasurer, and that he give bonds in the sum of three thousand dollars for the faithful performance of his duties.

7. That there be a more strict observance of the by-laws, that every bureau organize and arrange the work of the succeeding year before the close of the session.

8. That the Secretary shall prepare and publish a sketch of the work of the next annual session, and send the same to members with the published transactions at the latest before the first of January.

In *registration* it was suggested that the annual list of members was the most reliable list published, and the Institute cannot go beyond this without danger of a quasi-endorsement of those not entitled to it.

In *statistics* facts were given of National, State and local societies, of hospitals, dispensaries, colleges and journals.

The American Institute of Homœopathy has 842 members in the various States. Although this membership is large it should be more

doubled. The larger membership would enable it to do a much larger amount of work, and thus render the membership more valuable.

There are 24 State Societies, 17 of which are incorporated. Of about 100 county or local societies, only 52, a little more than one-half, have made a full report, though many others are expecting to report at this meeting. The report dwelt upon the importance of an active judicious secretary, to the life and usefulness of a medical society.

Of 38 *hospitals* 13 have already reported 1,007 beds, and the treatment of 13,877 patients with a mortality of 2 1-10 per cent. Satisfactory progress has been made in many of these hospitals, particularly in Cleveland, Pittsburgh, Brooklyn, New York and Boston. Of 31 dispensaries 17 only have reported as yet. In these, 62,137 patients have been treated and received. 193,772 prescriptions, at a cost of about $6,000, and a great deal of hard work given by the physicians.

The 11 colleges are all reported in good condition with an aggregate of 1,250 students in attendance. Of these 431 have been graduated the past year. An appeal was made for greater aid to these colleges by the profession and the public. They are established for the welfare of the public, and it is of great importance that they should be well-sustained, so as to give the greatest amount of instruction to the students. Of journals 17 are now published. Four have been established during the year, and three have suspended.

The report then closed with detailed statitics of the various institutions, and an appeal for greater promptness and completeness in regard to details.

Dr. I. T. Talbot was appointed Chairman of the Bureau for the ensuing year.

The Bureau of PSYCOLOGICAL MEDICINE reported through its Chairman, Dr. T. L. Brown, a paper on "Indespensables in the Cure of Insanity," by the Chairman.

Dr. S. Lilienthal was appointed Chairman for the ensuing year.

The Bureau of GENERAL SANITARY SCIENCE, Climatology and Hygiene, reported through its chairman, Dr. B. W. James, the following papers:—

I. Bushrod W. James, M. D., Philadelphia, Pa., *Chairman*. "Progress of Sanitary Affairs during the Year; Introductory Paper on Hygiene and Medication in General."

II. 1. D. H. Beckwith, M. D., Cleveland, O. "Personal Hygiene as to Air Breathed."

2. T. S. Verdi, M. D., Washington, D. C., "Personal Hygiene as to Dwellings Occupied."

3. A. R. Wright, M. D., Buffalo, N. Y., "Personal Hygiene as to Business Followed."

4. T. P. Wilson, M. D., Ann Arbor, Mich., "Personal Hygiene as to Habits Formed."

5. E. U. Jones, M. D., Taunton, Mass., "Personal Hygiene as to Districts Inhabited."

6. George Ockford, M. D., Burlington, Vt., "Personal Hygiene as to Fluids Drank."

7. H. W. Taylor, M. D., Terre Haute, Ind., "Personal Hygiene as to Clothing Worn."

Dr. T. P. Wilson of Ann Arbor, Mich., was appointed chairman of the bureau for the ensuing year.

The BUREAU OF MATERIA MEDICA, PHARMACY AND PROVINGS, reported through its chairman, Dr. A. C. Cowperthwaite, the following papers relating to the history, pharmacology, toxicology, provings, mode of action, and clinical application of *caladium seguinum*, *papaya vulgaris* and *viburnum opulus*, as follows:

1. History and Pharmacology—E. M. Hale, M. D., J. Heber Smith, M. D.

2. Toxicology. { L. D. Morse, M. D., O. S. Wood, M. D.

3. Critical Examinations of Provings—T F. Allen, M. D.

4. Differential Diagnosis—E. A. Farrington, M. D.

5. Arrangement of Schema.—A. C. Cowperthwaite, M. D.

6. Mode of Action, Pathogenetic and Therapeutic—Wm. Owens, M. D., W. J. Hawkes, M. D.

7. Primary and Secondary Action, and Action on the Genito-Urinary System—W. H. Leonard, M. D., E. M. Hale, M. D.

8. Action on Female Generative System—K. Parsons, M. D.

Dr. E. A. Farrington was elected chairman for the ensuing year.

The Bureau of CLINICAL MEDICINE reported through Dr. J. S. Mitchell, the following:

1. "*Mania-a-Potu*," by Dr. Geo. F. Foote.

2. "Observation on Dose," by W. P. Armstrong; and Dr. T. F. Pomeroy was appointed chairman for the ensuing year.

Adjourned.

SECOND DAY.—Wednesday, June 15th, 1881.

The President, Dr. J. W. Dowling, in the chair.

The Bureau of OPHTHALMOLOGY, OTOLOGY and LARYNGOLOGY presented the following papers by title:

"Hyperæmia of Internal Ear." By W. H. Winslow, M. D., Pittsburg, Pa.

"Relaxation of Membrana Tympani," by J. H. Buffum, M. D., of Chicago, Ill.

"Kali phosphorica in Suppurative Otitis," by H. C. Houghton, of New York.

"Color Blindness," by C. H. Vilas of Chicago, Ill.

"The papers were received and referred.

Dr. F. Park. Lewis of Buffalo, N. Y., was appointed chairman for the ensuing year.

The BUREAU OF OBSTETRICS reported through George B. Peck, M. D., Providence, R. I., Chairman, the following papers:

"Puerperal Mortality, a Study," by George B. Peck, M. D.

"Hemorrhage as a cause of Puerperal Mortality," by Millie J. Chapman, M. D., Pittsburg, Pa.

"Prevention of Puerperal Fever," by C. G. Higbee, M. D., St. Paul, Minn."

The papers were received and referred to the Publishing Committee.

Dr. C. G. Higbee, St. Paul, Minn., was appointed chairman of the bureau for the ensuing year.

The BUREAU OF GYNÆCOLOGY reported the following papers which were presented by title and referred to the Publishing Committee.

"Treatment of Lacerations of the Cervix Uteri," by Dr. Allen of Philadelphia.

"Practical Observations on Lacerations of the Cervix Uteri," by by Dr. R. Ludlam, Chicago, Ill.

"Intra-mural Fibro-cellular Tumor of Uterus—Removal," by C. Ormes, M. D., Jamestown, N. Y.

Dr. H. Minton was appointed chairman of the bureau for the next year.

In the bureau of PADOLOGY, the following papers on "The Mode Communication and Treatment of Infantile Syphilis," were presented by Dr. T. C. Duncan, acting chairman of the bureau,

The papers were prepared by Dr. W. A. Edmonds of St. Louis, Mo., W. H. Jenny, Kansas City, Mo., J. C. Morgan. Phila., Pa., and T. M. Strong, Allegheny, Pa. Papers received and referred.

Dr. A. K. Hills was appointed chairman for the ensuing year.

The invitation of the New York County Society was reported favorably by the committee, and Friday evening appointed as the time for the reception, at such place as might be agreed upon.

Reports of delegates from the various State and county medical societies and clubs were presented and accepted.

Dr. P. Dudley, chairman of the Committee of Medical Literature presented a report which was received and referred.

Delegates from hospitals and dispensaries, medical colleges and journals, presented reports which were accepted and referred.

Adjourned.

THIRD DAY—Thursday, June 16.

The President, Dr. J. W. Dowling, in the chair.

Reports, oral or written, were presented by the Intercollegiate Committee, I. T. Talbot, M. D., Chairman; Committee on Railroad Fares, C. H. Vilas, M. D., Chairman; Committee of Arrangements for the International Congress, and the Delegates to the American Public Health Association, J. P. Dake, M. D, Chairman. Received and accepted.

The President then made the following appointments:—Committee on Legislation, Dr. John C. Morgan, Philadelphia, Pa.; Committee on Foreign Correspondence, Dr. W. H. Winslow, Pittsburg, Pa.; Delegates to the American Public Health Association, Dr. J. P. Dake, Nashville, Tenn.

The BUREAU OF SURGERY H. F. Biggar, M. D., Chairman, presented the following paper in his Bureau:

"Septicæmia," S. R Beckwith, M. D.

"Lateral Curvature of Spine," J. H. McClelland, M. D.

"Modes of Treatment of the Fracture of the Neck of the Femur in the Aged and Feeble," J. M. James, M. D.

"Perineorrhaphy," I. T. Talbot, M. D.

"Stricture of the Œsophagus," D. W. Hartshorne, M. D.

"Supra-pubic Lithotomy," Wm. Tod Helmuth, M. D.

"Varicocele," J. G. Gilchrist, M. D.

'Amputations," G. J. Jones, M. D.

"Spinal Abscesses," H. F. Biggar, M. D.

The papers were received and accepted.

Dr. A. R. Thomas, of Philadelphia, was appointed Chairman for 1882.

Bureau of MICROSCOPY AND HISTOLOGY, Dr. J. Edwards Smith, Chairman, presented the following papers:

"On some Membranes, especially the Diphtheretic," by W. H. Winslow, M. D.

"Cancer and its Diagnosis," J. Edwards Smith, M. D.

J. Edwards Smith appointed Chairman for the Bureau for 1882.

Bureau of ANATOMY AND PHYSIOLOGY, Dr. Wm. von Gottschalk, Chairman, presented the following papers:

"Some points of Similarity in the Eye and Ear," W. H. Winslow, M. D.

"Surface Marks of the Abdomen," A. S. Everett, M. D.

"How Shall We Teach Anatomy?" A. S. Everett, M. D.

"References to Several Anatomical Points," E. M. Platt, M. D.

"Physiology of Menstruation," Wm. von Gottschalk, M. D.

Dr. Wm. von Gottschalk, appointed Chairman for 1882.

The Institute then proceeded to the election of officers for the ensuing year, and with the following result:

President,

W. L. Breyfogle, M. D., Louisville, Ky.

Vice-President.

B. W. James, M. D., Philadelphia, Pa.

General Secretary.
J. C. Burgher, M. D., Pittsburg, Pa.
Corresponding Secretary.
J. C. Guernsey, M. D., Philadelphia, Pa.
Treasurer,
E. M. Kellogg, M. D., New York.
Board of Censors,
Chairman, F. R. McManus, M. D., Baltimore, Md.
M. J. Chapman, M. D., Pittsburg, Pa.
L. S. Ordway, M. D., Hot Springs, Ark.
E. Reading, M. D., Hatboro, Pa

The names of Chatauqua Lake, Richmond, Va., and Omaha, Neb., were presented as places of meeting for the year.

It was finally determined by the Institute, to meet at Richmond, Va., on the first Tuesday of June.

THE PRESIDENT ELECT.

The Convention honored itself in electing to the presidency for the ensuing year that noble son of Kentucky, the grand old war-horse of our school at the West, Dr. Breyfogle. We heartily endorse the following telegram of congratulation from Surgeon General Watson:

"Permit me most earnestly to congratulate the American Institute of Homœopathy on the election of a scientific, conservative, and thoroughly representative man as President, in the person of that young, vigorous, and dauntless Kentucky stalwart, whose will and ability to everywhere uphold the dignity and honor of our school, none doubt."

RECEPTION.—The Homœopathic Medical Society of the County of New York, tendered a reception to the members of the Institute and their ladies, at Delmonico's on Friday evening, June 17th, at eight o'clock.

THE BANQUET.

Another of the social events of the occasion was the banquet tendered by James H. Breslin, Esq., proprietor of Hotel Brighton, and was served with all that elegance which the well-known name of "mine host" is a guarantee. Then followed the feast of reason and the flow of soul," and out gushed in a sparkling stream of pent-up eloquence of the North and the South, the East and the West.

EXCURSION.

The excursion tendered by the President on Wednesday afternoon was a most enjoyable and pleasant affair. The delighlful sail up the

harbor and through Hell Gate, interspersed with lunch, the most cordial sociability, and plenty of good music, made the trip to the Homœopathic Hospital, W. I., an event long to be remembered. There the company was met by the medical officers of the Hospital, and Dr. Egbert Guernsey, President of the Medical Board, made a most felicitous welcome greeting.

THE MISSOURI INSTITUTE OF HOMŒOPATHY.

OFFICE OF THE GENERAL SECRETARY,
Kansas City, June 20th, 1881.

The FIFTH regular annual session of the Missouri Institute will be held at Sweet Springs, Mo., Wednesday and Thursday, August 3 and 4, in AMUSEMENT HALL.

The headquarters of the President and Secretary will be at the Sweet Springs Hotel. This hotel is only a few rods from the hall, both being upon the grounds of the springs. Charges for members and their families, $2 per day; this includes meals, rooms, lights and attendance.

It is impossible to procure special rates from various parts of the state to the Springs, but excursion tickets, at reduced prices for the round trip, can be obtained at any railroad office.

Any questions in regard to the Springs, details of the meetings, etc., will be answered by the President, D. T. Abell, M. D., Sedalia.

Blank applications for membership can be obtained of the Secretary. Applications must be signed by two members of the Institute, and accompanied by an entrance fee of $3; this entitles the applicant, if elected, to a beautifully engraved certificate of membership. Annual dues, $2.

Papers from physicians, whether members or not, on any medical subject, will be welcome.

The Homœopathic physicians throughout the State are urged to turn out and lend their influence to make this meeting a great success, as well as to enjoy a short sojourn in the most popular resort in the West. The great and increasing influence of Homœopathy in the State can in no way be more certainly encouraged than by joining the Institute and attending the annual meetings thereof.

On behalf of the Executive Committee,

WM. D. FOSTER, M. D., Gen'l Sec'y.

Book Notices.

THE FEEDING AND MANAGEMENT OF INFANTS AND CHILDREN AND THE HOME TREATMENT OF THEIR DISEASES. By T. C. Duncan, M. D., Author of "How to be Plump;" "How to Feed Children to Prevent Sickness," "A Professional Treatise on the Diseases of Infants and Children and their Treatment." Consulting Physician to Chicago Foundlings' Home. Editor of the United States Medical Investigator. Member of the Microscopical Society of Illinois. Chicago Pædological Society. President of the American Pædological Society, etc., etc. Duncan Bros., Chicago. Sold only by subscription.

The most imposing and awe-inspiring part of a comet is its tail. Its length is our wonder; and so it is with some of our literary luminaries; their track dazes us by its brilliancy and length. We confess to a hesitancy, born of awe, whenever called upon to notice a work wherein the author's name is tailed by a list of achievements in literature, and lengthened by membership and position in honorable societies, so numerous, that, like the tail of a comet, its end is hid in by a horizon or lost in stellar depths, such a literary appendage as attaches to the author in the title page above.

If anything more than the abbreviated biography and honorable association mentioned, is needed to recommend this book to the public, they have it in a tasty and beautiful piece of binding, the design of which is simply exquisite. The artist we commend to public favor. The book is illustrated. Immensely illustrated. The title page is faced with an old familiar group, the cut of which has been the round of newspapers and magazines for years, and aside from being well worn, is horribly printed. Cut 2 is from Roger's Catalogue of his groups, and is called Weighing the Baby. Like the former illustration, it is familiar to everybody in America. Two verses of doggerel follow it. Pages 24 and 25 have two more old cuts, while p. 30 is illustrated with infantile faces in outline, and might properly be styled the butchery of innocence by an engraver and printer. Page 33 is illustrated by a solitary cut, an inch wide by about an inch and a half in length, in the centre of which, occupying about one tenth of this immense space is a boy. Listen to the importance attached to this miniature boy, as worked up by the author. "Prang has transferred the poet's ideal to canvass, and kindly contributed a picture of the boy for this work, for the benefit of mothers who are looking for a model." Model for what? One is puzzled to know whether the author is satyrizing Prang's generous contribution, or

whether he is foolish enough to believe that the Homœopathic public are such idiots as to think there is any connection between this cut and the subject of his book. Farther on in the work, at pages 412 and 414, two old spelling book cuts are dilated on and tortured into use, to illustrate something else. On page 200, "Healthy Sleep," is illustrated by a shaggy dog in a chair with a sleeping infant. If a Mark Twain or Artemus Ward had ever coupled healthy sleep and fleas so intimately together, the joke would have provoked a smile, done here in all seriousness, it is simply ridiculous. There are more cuts, some old and some new, which the author has pressed into service, the last page closing with another of Roger's Catalogue cuts, called "School Days." It would be well if this propensity of the author, to illustrate his books by such cuts as took his fancy, stopped here, but unfortunately it does not. One E. Harris Ruddock, M. D., Licentiate of the Royal College of Physicians, Member of the Royal College of Surgeons; Licentiate in Midwifery, London and Edinburg; Physician to the Reading and Berkshire Homœopathic Dispensary, etc., in 1874, published a work, entitled "The Diseases of Infants and Children." It went through two editions, and in 1878, after his death, a third edition was gotten out, edited by Dr. Geo. Lade of Glasgow. To this last edition, T. C. Duncan, M. D., author of "How to be Plump," "How to Feed Children to Prevent Sickness;" "A Professional Treatise on the Diseases of Infants and Children, and their Treatment;" Consulting Physician to Chicago Foundling's Home; Editor of the United States Medical Investigator; member of the Microscopical Society of Illinois, Chicago Pædological Society; President of the American Pædological Society, etc., etc.," has taken a great fancy and illustrated his idea, of meum and teum by incorporating into his work whole, half and parts of pages with a coolness that is absolutely sublime. Years ago, when plain saxon was in more common use, the author who would do this would be called a "literary pirate." But it is vulgar to say such hard things now. A distinguished doctor and author of Cincinnati terms it, "the similiarity of cerebration in great minds," and just how far this similarity of cerebration in great minds can run the reader may learn by consulting the two works and comparing Duncan, pages 217, 223, 224, 229, 230, 231, 232, 234, 236, 245, 248, 249, with Ruddock, pages 148, 150, 156, 157, 158, 159, 162, 165, 166, 168 and how much more deponent saith not.

The book is sold only by subscription. Young men whose notions of business have never been bias by Sunday School training would, however, do well to remember that the law for obtaining money under false pretenses is frequently rigidly enforced. K.

TRANSACTIONS OF THE WORLD'S HOMŒOPATHIC CONVENTION. Vol. I. 1876.

Minutes, essays and discussions are contained in this volume of great value. After the address of C. Dunham, which is characteristic of this master mind, comes the Department of Materia Medica which contains eleven papers of great value. The Clinical Department contains thirteen papers, the majority of which represent a high degree of merit. The Department of Surgery shows that homœopathic surgery is not inferior in its mechanical resources, and in the therapeutics of surgery there is nowhere else to be found such a high degree of perfection in the art. Professors T. P. Wilson, Wm. Tod Helmuth and E. C. Franklin, are important features in this part of the volume.

The Department of Obstetrics and Gynæcology is also ably prepared. Dr. Davidson, of Florence, Italy, on Hysteria, has given a masterly digest with the therapeutic use of *tarantula* in this disease. Ludlam and Gurnsey cut no small figure in this department.

The volume closes with a Historical Sketch of Materia Medica, by the lamented Constantine Hering, that needs no comment. The volume has 1117 pages, and it is in every part as creditable as it is ponderous. Could Hahnemann look upon this child, *Homœopathy*, as represented in the two volumes of Transactions of the World's Homœopathic Convention, he would not think he had lived in vain.

The publication committee deserve the united thanks of the Homœopathic profession for their able and efficient service in the arrangement and completion of this great work. K.

DISEASES OF THE NERVOUS SYSTEM. By Charles Hart, M. D., Boericke & Tafel, 409 pages, cloth.

We are very glad to welcome this new treatise, as it is the first work on diseases of the nervous system, of any value, in homœopathic literature. It is brief and clear, especially adapted to the student and practitioner. We shall advise its adoption as a text book. The publishers are to be complimented on the style and "make up" of the entire volume.

It contains typical cases to illustrate every subject, taken from accumulated literature, and its therapeutics is as ample as could be expected, as the materia medica can not be combined with such a work. K.

LECTURES ON DISEASES OF THE NERVOUS SYSTEM, ESPECIALLY OF WOMEN. By S. Weir Mitchell, M. D., Philadelphia. Henry C. Lea's Son & Co. 238 pages, Cloth $1.75.

This book is especially valuable, as it discusses a class of peculiar nervous disorders not generally treated of in standard works on the nervous system. It fills a vacancy in the needs of the specialist, as well as the general practioner. The author is too well known for comment.

Paralysis of hysteria, hysterical motor ataxia, mimicry of disease,

spasmodic affections in women, trance of childhood, disorders of sleep and several others are treated with great clearness.

The subjects generally are those that the physician has been compelled to meet and manage, without the aid of authority, and this little volume comes very acceptable. It is full of thought, and is an evidence of extensive observation. K.

THE CHEMISTRY OF MEDICINE. By J. U. Loyd, Professor of Chemistry and Pharmacy, in the Eclectic Medical Institute, Cincinnati, Ohio, corresponding member of the College of Pharmacy of the city of New York, etc., etc.

A practical text and reference book for the use of students, physicians and pharmacists, embodying the principles of chemical philosophy and their application to those chemicals that are used in medicine and in pharmacy, including all those that are officinal in the pharmacopia of the United States, with fifty original cuts.

We have examined this work with considerable care and can recommend it heartily to students. It is a most excellent work. The plan of the author is, to leave out all but what is necessary to the physician and pharmacist, and he has so simplified the study of chemistry that with this work the student will find the acquisition of chemical knowledge very easy. J. T. B.

ELECTRICITY AND ITS APPLICATION TO MEDICINE. By Roberts Bartholow.

The author says in his preface:

"I assume an entire unacquaintance with the elements of the subject at the point of departure; for I am addressing those who have either failed to acquire this preliminary knowledge, or having acquired it, find, after the lapse of years, it has become misty and confused."

"This book then, must be regarded as an exposition of electricity, as a remedial agent made by a medical practitioner for the use of medical practitioners."

A physician who does not know the proper use of this most excellent remedial agent, and who allows a certain class of diseases of the nervous system to become chronic and incurable, should quit the business for which he is not qualified.

This book of Bartholow's, will aid the conscientious physician to cure many of the above diseases. Every physician should send for it and study its pages. It is published by Henry C. Lee's Sons & Co., Philadelphia, Pa. This of itself is enough to recommend it. J. T. B.

A TEXT BOOK OF HUMAN PHYSIOLOGY, designed for the use of practitioners and students of Medicine. By Austin Flint, Jr., M. D., Professor of Physiological Anatomy in Belleview Hospital Medical College, etc., etc. Illustrated by three lithographic plates and three hundred and fifteen wood cuts. Third edition revised

and corrected. Published by D. Appleton & Co., Nos. 1, 3 and 5 Bond Street, New York.

The fact that the third edition of this work in so short a time was demanded shows that it is appreciated by the profession. In the present edition the author has re-written a good portion of the work and altered some parts of the previous editions, so as to conform to the very latest discoveries of Bowman, Heidenhein and others. The author has conscientiously prepared a work on physiology, altering and changing certain parts to make it reliable authority in this important branch of science, and thus manifesting that he has no hobby or writes to defend one, but that he is ready to adopt every truth as soon as it is clearly proven.

The Appletons publish nothing but what is reliable and in a first-class manner. We have placed this work on our college announcement as a text-book. J. T. B.

THE HOMŒOPATHIC THERAPEUTICS OF DIARRHŒA, DYSENTARY, CHOLERA, CHOLERA MORBUS, CHOLERA INFANTUM, ETC., ETC. By James B. Bell, M. D. Boerecke & Tafel. 12mo. 275 p., price $1.50. Send to the above 145 Grand Street, New York.

This is an excellent and timely work, and is fully up to date in the Homœopathic treatment of the above diseases. Let every young Homœopathic practitioner secure a copy and reap the laurels from the heads of the allopaths in his vicinity, in the treatment of these diseases. J. T. B.

HALE'S LECTURES ON DISEASES OF THE HEART. By Edwin M. Hale. Published by Boerecke & Tafel.

This is the second edition of this excellent work. Of the writer we need not speak, he is to well known to the medical profession to need any praise from us, but of his work that many physicians have not seen, we may say, that it is the best treatise on the heart that we know of. We have in our library three or four other works, devoted exclusively to the heart, but we like this best.

J. T. B.

A TREATISE ON DISEASES PECULIAR TO INFANTS AND CHILDREN. By W. A. Edmonds. Boerecke & Tafel, New York and Philadelphia.

This is an excellent work from a physician whose every word can be relied upon.

The arrangement of the work is excellent, and it will be an important aid to physicians in treating the diseases of children in this country, especially in the West. Dr. Edmonds does not favor the extremely high dilutions. J.T. B.

BURT'S PHYSIOLOGICAL MATERIA MEDICA. Gross & Dellridge, Publishers, Chicago.

We have been kindly supplied with a copy of the recent publica-

tion of Burt's Characteristic Materia Medica, which however is titled "*Burt's Physiological Materia Medica.*"

This third edition contains everything known to date of the different drugs treated, and is a decided improvement on the previous one of 1873. The book is well bound, is put up in elegant shape with good paper and type, and contains 979 pages. It gives the sphere of action with characteristic indications of some two hundred remedies, and should form a part of the library of every physician and student of homœopathy. In comparing this work with former ones, we are pleased to find a striking change in the symptomatic arrangement of the characteristic indications of some two hundred remedies.

First we have the name of the drug, below it, a statement of what it is, where found, how procured, with a list of its antidotes. Next in order we note the special action of the drug, how it affects the different parts of the system, and lastly, the therapeutic individuality. We now find all reliable indications of the remedy, such as have stood the test of investigation, and have been repeatedly corroborated by the leading men of the profession. These important characteristics are arranged in anatomical order, so that reference may be had at a glance Lastly we find the aggravations and ameliorations, which alone is an important improvement.

THOS. MATHISON.

PRESLEY BLAKISTON, Publisher.

In the last number of the COURIER, in reviewing Dr. Day's excellent book on Diseases of women and children, we inadvertently omitted the name of PRESLEY BLAKISTON as publisher.

This omission is to be regretted, as the very name of Blakiston is a guarantee that any book which may be published under it, is valuable and worthy of consideration. W. C. R.

LECTURES UPON DISEASES OF THE RECTUM. By W. H. Van Buren. D. Appleton & Co., publishers..

This is a second edition of Prof. Van Buren's book, and we have no hesitency in saying it is the best book on the subject that has ever been published in America. It contains over 400 pages, and should be in the hands of all who wish information on the subjects of which it treats. W. C. R.

A TREATISE ON DIPHTHERIA. By A. McNeil, M. D. Duncan Bros., Publishers, Chicago.

This is a book of some 150 pages, written in response to a prize offer of $100 by the publishers for the best treatise on the subject.

Dr. McNeil is a believer in pure homœopathy, and his book is the latest and best published on the subject, from a homœopathic standpoint. W. C. R.

TREATMENT OF CATARRH. By Thos. F. Rumbold. Geo. O. Rumbold & Co., Publishers, St. Louis.

Dr. Rumbold has had years of experience in the treatment of Catarrh, and his book includes all the old school therapeutics, both surgical and medicinal, that are known to that branch of the profession. W. C. R.

ATLAS OF GYNÆCOLOGY AND OBSTETRICS. Edited by Dr. A. Martin. Parts I. II, III and IV. A. E. Martin & Co., Publishers, Cincinnati, Ohio.

This is a series of the most superb lithographic engravings, that have ever been published in America. The price is only $1 per part, the whole work to be completed in fifteen parts. The text is arranged so as to be on the side opposite the plate, making the whole intelligible at a glance.

There will be upwards of 500 illustrations, colored and plain altogether. Sold by subscription. Address the publisher.

W. C. R.

POETRY.—We notice in the New York papers that our confrere, Dr. A. B. Seeger, who has made quite a reputation in literary circles under the *nom de plum of Alcest*, is about to send to the publisher a new volume of poetical productions.

We look forward to the time when we shall read this book with pleasure, as everything heretofore written by Dr. Seeger has been of a high order, and we have no doubt that the forthcoming work will be up to the standard of merit already established in previous productions. W. C. R.

THE INTERNATIONAL ENCYCLOPÆDIA OF SURGERY. By authors of Various Nations. Edited by John Ashhurst, Jr., M. D., Professor of Clinical Surgery in the University of Pensylvania. In 6 volumes, royal octavo. Illustrated with Chromo-lithographs and Wood Engravings. Publication to begin in the Autumn of 1881 by Wm. Wood & Co., New York.

Neither labor nor expense are being spared to make the "International Encyclopædia" in every respect the most complete, the most thorough, the most practical, and withal the most authoritative treatise on surgery extant.

While it will be thoroughly scientific in its character, and will aim to occupy the first place in the library of the specialist in surgery, it is specially written for and adapted to the every-day use of the general practitioner of medicine. It is desired to make it a complete library in itself upon the science and art of surgery.

An original work of this magnitude, involving such an extraordinary outlay, could not be profitably published if sold through the ordinary channels of trade. The International Encyclopædia of Surgery will be sold by subscription only.

There can be no doubt as to the value of this great publication and we advise our friends to forward their subscription at once.

W. C. R.

SEVENTH ANNUAL CONVENTION OF THE WESTERN ACADEMY OF HOMŒOPATHY.

The seventh annual convention of the Western Academy of Homœopathy, was called to order at 2:45, in the club-room of the Palmer House, Chicago.

Dr. C. H. Vilas, President, in the chair.

The President appointed Drs. G. W. Foote, H. W. Robey and T. C. Duncan as a Committee on Audits, and Drs. W. C. Barker, A. C. Cowperthwaite, W. H. Parsons and W. J. Harris, as a Committee on Credentials. He also appointed Dr. C. H. Goodman as a member of the Board of Censors, in the place of Dr. Josiah Cowpbell, the chairman, who was absent.

The report of the BUREAU OF SANITARY SCIENCE, Climatology and Hygiene was presented by Dr. G. W. Foote of Galesburg, the chairman. In the absence of other papers from this Bureau, he presented an essay prepared by himself bearing on the subject of "ground and water polution." He referred to the continued use of vaults, with which the soil of the country is honey-combed. They impregnated the soil to such an extent that when the gases were generated the air became infected with pestilence and miasmatic exhalations. He believed that the perfection of sewerage could be obtained only by utilizing properly the natural streams of the country. He urged that all rivers and streams be properly confined by walls or dykes, that the current may be used in the most convenient and natural channels. This he believed to be the most effective system of disposing of the pestilential sewage of the great cities.

A special point to be insisted, was, that the kitchen slops and refuse should in no cases be thrown into the vaults. The dryer the vault the less harmful they have proved to be. Lime, carbolic acid, and other disinfectants are not of such value as generally supposed. They mitigate, but do not eliminate, the poison of the gases. The speaker insisted on the necessity of cleaning vaults at least yearly, but suggested the general use of earth closets as a more certain remedy for all the evils of vaults. He further advocated the use of drawers of ashes to be used in ordinary vaults. The paper also referred to ordinary filth of the streets, which should be at once removed; to the rotting plank sidewalks which are known to be prime factors in the dissemination of disease, and to the cesspools and poisonous wells, which are only additional means of infection.

The paper was supplemented by the remarks of Dr. John Harris, who said that the sewage question is of the utmost importance in connection with the health of the community. The speaker referred to two systems of disposing of the offensive sewage. In addition to digging vaults and cleaning them systematically, flowing water was greatly depended upon. In London he had found 100,000,000 gallons were daily dumped into the Thames, on the theory that the current would carry the matter seaward. This had proved not to be

the case. A portion of the animal matter is carried off, but the river and its banks become polluted, and the question of disposition is still open. Companies had been formed to use the sewage for fertilizing purposes, but they had only been partially successful, as this species of manure makes the land soft and boggy. By mixing with disinfectants, however, some success had been obtained. By mixing one bushel of quick-lime, four gallons of coal tar, and a varying quantity of magnesia with each 36,000,000 gallons of sewage while flowing, a successful fertilizer had been obtained.

Dr. F. W. Foote was appointed chairman of this bureau for the ensuing year.

The report of the BUREAU OF OBSTETRICS was presented by the chairman, Dr. Julia H. Smith, of Chicago, and several of the papers were freely discussed.

THE EVENING SESSION

was called to order at a quarter before 9 o'clock with about the same attendance as had marked the day session. Dr. Vilas occupied the chair, and called upon Dr. A. E. Small of Chicago, to deliver the address of welcome, in the necessary absence of Mayor Harrison. His remarks were greeted by warm applause. Dr. McAfee, of Clinton, Ia., was called on for a response, but declining that honor the chair read a few remarks. The secretary read a paper which had been sent to the Academy by Dr. Richard Hughes of Brighton, England, President of the World's Homœopathic Convention, about to meet in London. The subject of the paper was the "Organon of Hahnemann."

The secretary read an account of a new pocket spygmograph, invented by an English physician, Dr. Dudgeon.

Dr. J. Hartz Miller, Chairman of the Board of Censors, reported favorably on the applications of the following practitioners, who were accordingly declared elected to membership in the Academy: Drs. E. M. P. Ludlam, T. S. Hoyne, Wm. H. Burt, H. M. Hobart, and Prof. E. H. Platt of Chicago; Drs. John Stifel, Bucyrus, O.; Mary E Farnham, Quincy; A. P. Bowman, Keokuk: W. H. Parsons, Glenwood, Ia,; Edgar Schmidt, Quincy; G. M. Naylor, St. Louis; Julia F. Haywood, St. Joseph, Mo.; George M. Haywood, St. Joseph, Mo.; S. E. Hewlett, Palatine.

Dr. Harris, of St. Louis, read a paper on the condition of "Homœopathy in England," referring to the treatment of the late Lord Beaconsfield by Drs. Kidd and Quain.

Dr. Macintosh entertained the academy with the exhibition of a solar microscope, operated on this occasion with an oxy-hydrogen light. Numerous sections of the lining membranes of the internal organs were exhibited, and other portions of the minute anatomy shown, a most interesting feature of which was the admirable representation of the circulation of the blood in the capillaries. Several insects were thrown on the screen and an idea of the high magnify-

ing power of the instrument will be given by the fact that a bedbug appeared precisely six feet long, and the wing of a fly twenty feet.

The chair announced that the academy would be tendered a reception and banquet by the local physicians this evening, after which adjournment was had until 9 o'clock this morning.

SECOND DAY'S SESSION.

Dr. E. M. McAfee, the first vice-president occupied the chair.

On recommendation of the board of censors the following new members were elected:

Drs. A. P. McComber, of Atlantic, Iowa; E. R. Donaghue, E. S. Bailey and M. P. Weeks, of Chicago, and H. M. Bacon, of Ottawa, Illinois.

Dr. W. C. Barker, of Waukegon, Ill., chairman of the committee on credentials, submitted the names of the following delegates from other societies:

Dr. L. Bishop, of Fond du Lac, Wis., from the Wisconsin state society; Dr. E. M. Haspel, of Denver, from the Medical Society of Colorado; Dr. H. W. Robey, of Topeka, from the Kansas state society; Dr. Parsons, from the Northwestern academy, and Dr. Patchen from the Iowa state society.

The report of the BUREAU OF CLINICAL MEDICINE being taken up, Dr. Sarah C. Harris, of Galena, submitted a paper on "Hyperæmia of the Kidneys in General Practice."

Dr. A. C. Cowperthwaite announced that the Baltimore & Ohio railroad had reduced the fare for delegates to the American Institute in New York, down to $23 for the round trip.

The report of the BUREAU OF SURGERY, Dr. A S. Everett, of Denver, Chairman, was taken up, the first paper, on "Concussion of the Brain," being submitted by Dr. E. H. Pratt, of Chicago.

Dr. G. A. Hall, of this city, read a paper on "Malignant Stricture of the Rectum."

Dr. W. H. Caine, of Stillwater, Mich., read a paper on the successful operation of tracheotomy in membranous croup, advising it not as a cure, but as a last resort.

A paper on "Nerve-Stretching," by Dr. J. G. Gilchrist, of Detroit, was presented by the secretary, and Dr. Everett, Chairman of the Bureau under consideration, closed the report with a paper of his, on "Fractures of the Tibia and Fibula."

Dr. Caine, of Stillwater, Mich., was appointed chairman of the bureau for next year, and the convention took a recess for luncheon.

Upon reconvening at half-past 2, Dr. C. H. Vilas, the president, occupied the chair. There were over a hundred ladies and gentlemen present.

The BUREAU OF PSCHYCOLOGICAL MEDICINE AND ANATOMY was first on the programme. Dr. M. A. Pennoyer, of Kenosha, Wis., the chairman, read a paper on "The Effects of Extremes of Temperature on the Nervous System," and Dr. H. R. Fellows, of Chicago, submitted some ideas on "Epileptical Fits."

The BUREAU OF CLINICAL MEDICINE was reverted to, and Dr. C. H. Goodman read a paper, narrating a rather extraordinary experiment he had performed, uniting to italians—an old man and a young one—at the request of the former, who thought he would be rejuvinated by the infusion of the young man's blood into his own old veins. The result was that both patients nearly died, and the old man was taken with a fever much like the venice fever, which the young man had once had.

Two voluntary reports were submitted—one by Dr. E. E. Holman of Warren, Ill., and another by Dr. Alma Bennett, of Elk Point, Dakota.

Dr. W. J. Hawkes read a valuable report on clinical and bed-side medicine, in which he insisted on finding the key-note symptoms and prescribing from their totality, no matter what the disease.

Dr. E. M. McAffee also reported several instructive papers.

Dr. W. L. Breyfogle, of Louisville, Ky., was appointed chairman of the bureau of clinical medicine.

Dr. Julia Ford, of Milwaukee, read a paper showing the need of rest in the cure of certain nervous diseases of women.

The report of the Bureau of GYNÆCOLOGY was next in order. A paper by Dr. M. M. Eaton, of Cincinnati, the chairman, who was absent, was mentioned by title: "How the young physician became proficient in the diagnosis and treatment of Diseases of Women."

Dr. R Ludlam contributed a voluntary report on the "Laceration of the Uterine Cervix," illustrating his remarks with several fine india ink drawings of the different forms of laceration. He also exhibited a specimen of an ovarian tumor which he had removed by enucleation, without which the operation must have been abandoned and another specimen of a tumor removed one week ago, showing how the coats of the sac can be separated.

Dr. Ludlum was appointed chairman for the bureau on gynæcology for next year.

The report of the bureau on OPHTHALMOLOGY AND OTOLOGY being in order, Dr. Vilas the chairman, gave an instructive talk on certain cases he had found destitute of auricles, and one where there was nothing of the eye but the external membrane.

Dr. S. E. Wisner presented a patient afflicted with exophtalmic goitre, asking how to cure it. Dr. R. Ludlum was asked by the chair to examine the patient, and, in response, gave an interesting talk on the subject. He was followed by Dr. Vilas and Dr. Fellows.

Dr. Joshua A. Crabvogel, of St. Johns, was appointed chairman of the bureau for next year.

The bureau of PÆDOLOGY was next in order, and Dr. T. C. Duncan, of Chicago, read a paper on "The Genius Epidemicus, and its Effects on Children."

Two papers were submitted by title—one by Dr. Brooks, of Hot Springs, and another by Dr. Ordway of the same place.

Dr. Sarah Harris treated of diphtheria, believing belladonna to be the best remedy for the sore throat, and iodide of mercury for blood poison.

The following new members were elected:

Drs. H. R. Arndt, of Grand Rapids; E. Manning of Amboy; G. W. S. Brown, of Dixon, Ill.; W. F. Knoll, of Logan, Ill.; C. C. Shinnic, of Knoxville, Ia., and E. A. Whitlock, of Farmington, Ia.

Dr. W. C. Barker, of Waukegan, backed by forty years' experience, stated that he had only used four remedies in diphtheria—aconite, belladonna, mercurius jodatus, and kall bi-chromacum, and believed that the last mentioned is the best remedy in diphtheritic croup.

THIRD DAY'S SESSION.

President Vilas in the chair.

In the evening, the doctors, with their wives and lady friends, enjoyed a reception in the parlors, and a banquet in the large dining room of the Palmer House. About ninety persons sat down to the feast and the evening past pleasan ly with music, and toasts by Drs. R. Ludlam, A. E. Small, J. H. Miller, J. W. Hawkes, G. W. Foote, W. H. Caine, A. S. Everett and W. H. Burt.

The report of the Bureau of PHARMACY was taken up, and Dr. Sherman, of Milwaukee, read a paper on "Drugs," telling how to test their genuineness,

It was reported that bills amounting to $55 had been paid during the session and that $145 remained in the hands of the treasurer.

The following officers were elected for the ensuing year:

President—Dr. E. M. McAffee, of Clinton, Iowa.
First Vice-President—Dr. A. S. Everett, of Den ver, Col.
Second Vice-President—Dr. W. J. Hawkes, of Chicago.
Third Vice-President—Dr. R. L. Hill, of Oakland, Cal.
Secretary—Dr. C. H. Goodman, of St. Louis.
Provisional Secretary—Dr. H. W. Robey, of Topeka, Kan.
Treasurer—Dr. G. W. Foote, of Galesburg, Ill.
Board of Censors—Dr. J. Harts Miller, of Abington, Ill.; Dr. W. C. Barker, of Waukegan, Ill.; Dr. C. H. Vilas and Dr. T. C. Duncan, of Chicago, and Dr. R. F. Baker, of Davenport, Ia.

Dr. M. T. Runnells, of Indianapolis, was designated as chairman of the bureau of materia medica for next year.

Dr. A. W. Woodward, of this city, was chosen as the delegate of the academy to attend the world's convention of homœopathists in London, England, next month.

After a practical exhibition by Dr. L. Sherman, from Milwaukee, of the fact that yellow light is the best for the protection of drugs, and a paper by Dr. T. C. Duncan, of this city, showing that great care must be exercised in the preparation of homœopathic medicine, the convention adjourned sine die.

In the afternoon the members of the academy took a carriage ride at the invitation of Dr. Vilas, visiting the various points of interest about the city, and joining Dr. Ludlam in his clinic. Thus ended one of the most practically beneficial and socially agreeable medical conventions ever held in Chicago.

The Homœopathic Courier.

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Theory and Practice.

CLINICAL CASES.

CASE I.—*Nasal Catarrh.* Child 4 years old, rather small; backward in learning to talk; complexion yellow; often has chills, sometimes followed by fever; much thirst constantly. The child has eaten salt out salt dish by mother's plate. Child constipated; constant discharge of white-of-egg substance from both nostrils, down the lip. The father has had syphilis. The child is peevish and changeable in disposition.

Natrum mur. 12 x, 2 weeks. No return of the disease. In three months, child presents healthy look and articulates plainly. Nasal discharge all gone.

CASE II. *Eczema.*—Child six years old, eruption entirely covering the skin. The face very red and covered with scales, piled one upon another the thickness of an eighth of inch—scales thin and dry. No moisture about the eruption. When the scales were torn off by violence the skin would bleed slightly, but otherwise no blood and no discharge. In the hair the scales looked like a gross variety of dandruff, shelling off in great flakes. The thickness of piled up scales in the hair, over the entire scalp was very

great. The arms and legs produced a thinner crop. The eyelids, palms and soles were exempt. The mucous membranes were healthy, and the child went about remarkably healthy, considering the extent of the eruption. There was much itching and burning. She would not scratch it as it aggravated the itching. This case had been treated by crude medicine in *good hands*, for more than eight months, constantly growing worse. The child took calc. c. 200., repeated as indicated. In three months the child was entirely smooth, No other remedy—no wash. Mother and child happy.

CASE III. *Gastric Irritation*—Vomiting persistent, even water was ejected as soon as it reached the stomach. Tenderness over pit of stomach; tongue red at tip and very dry; great thirst; fluids gurgled down œsophagus—three days standing. After the usual remedies failed, amygdalis persica, 6 x was given no more vomiting.

CASE IV. *Consumption.*—Mrs. McHugh, tall, spare, stoop-shouldered Irish woman; has suffered from phthisis pulm. many years; diagnosis of several physicians: dullness over upper part of both lungs; coughs night and day; sleep little; raises an enormous quantity of thick yellow sputum. Much pain in both lungs; able to be about the house; somewhat asthmatic and considerably emaciated; no appetite; she seems to be going down fast. May 10, prescribed calcaria silicata 30, to be taken in water; three powders, each powder to be put in a half glass of water and a tablespoonful to be taken every two hours.

To the calcaria silicata is attributed the remarkable train of mental symptoms, below enumerated:

She finished the first powder in two days, when the following symptoms began:

She is surrounded by corpses. She sees friends (husband and sons) who have long been dead. Talks nonsense and

silly things; talks coherently, but about impossible things. There is no fever; her temperature is normal throughout; wants to get dinner for the dead folks all day; must hurry; constantly calls those who are dead; answers the voices of the dead; thinks they are living; answers correctly and goes off into muttering; wants to go out through the windows; she is not violent yet feels grieved and cries while they refuse to let her go out after her (dead) husband and (dead) son; she sits and weeps by the hour all because they restrain her from waiting on her husband and son, saying, "they will starve if I do not feed them."

The living son (who is now with her, attending to her) she calls by the name of the dead one. Some of the time she does not comprehend what is said to her; all the time muttering foolishly; no fever, and sees dead folks.

This state of affairs began the second day of medicine. The 15th of May, symptoms unchanged; she was given blanks. The 16th and 17th, no change in symptoms day or night: sleepless and wandering—walking up and down the floor. In the evening the son asked me if I could not relieve the terrible state.

Hyoscyamus, 200, one dose was administered. She came to herself one hour after and slept well during the night. The cough is much improved, and the sputum has a milder appearance. There has been no mental disturbance in the family. Extreme aggravation of the mental symptoms was noticed in *afternoon and evening.* June 20, she has recovered entirely. July 20, she is a picture of health. K.

TRANSLATIONS FROM THE RUNDSCHAU.

BY A. TOMHAGEN, STUDENT.

HYDROPHOBIA.

A case of seven weeks in incubation *stadium.*

On the 29th of June, 1880, in the afternoon, I was called to see an eight-year-old boy named Glaser, in the village of Denstedt, who had complained of fever and pain in the throat when swallowing, since June 28th, at noon. According to the opinion of the parents, the measles, which prevailed at the time in the village, were coming on. I found the boy in a moderate fever, perspiring copiously, with a very uneasy expression upon the countenance, and breathing laboriously. The pupils appeared somewhat dilated. Auscultation and percussion showed nothing abnormal. By holding the tongue down to examine the throat the boy made peculiar strangling movements, upon which I did not bestow any special attention at the time, because, a great many such movements will be produced by holding down the tongue. The tongue itself showed nothing peculiar, no inflammation was perceptible. *Ut aliquid fiat,* I prescribed natr. nitr. with the instruction to let me hear the news the following morning. As early as four o'clock the father summoned me and said, that since eight hours the boy was lying in uninterrupted spasms; that he could not take the medicine because he could not swallow; but that there appeared to be great thirst. After abatement of the convulsions, he gains his recollection, but speaks very peculiarly hasty and broken. These symptoms disclose to me a rabbies poisoning. I found out from the father by questioning, that on the first Whitsuntide holiday, his son, while playing in the street, had been bitten by an ownerless dog, that ran through the village. The wound had hardly bled

and therefore no further notice was taken of it. When I came to the patient, a perfect collection of symptoms of hydrophobia were evident. The boy, covered with perspiration, threw himself about restlessly in bed; by speaking loudly to him, he instantly, as it appeared, became conscious, but he was not able to speak. The pupils were dilated *ad maximum*. The cicatrized wound on the left humerus was as large as a pea, and possibly not distinguishable from any other; the surroundings did not show the least deviation from the normal. The attempt to swallow a spoonful of water which I handed him, caused violent throat and lung convulsions. The same continued almost uninterruptedly during my hour's visit. I injected subcutaneously morphium. About 9 o'clock in the morning, not 48 hours from the beginning of the *stadium podromorum*, he expired; death approached under general convulsions. The same day I learned that in a neighboring village, Kromsdorf, about one mile distant, two dogs were killed, because they were thought to be mad. The above mentioned dog was seen in this vicinity during Penticost. Therefore it appears obvious that the infection of the boy and two dogs occurred on the same day. The incubatio *stadium* lasted seven weeks in both cases.

DR. KNOPH WEIMAR.

SYCOSIS.

A lady was taken sick after a fright which the sudden death of a sister caused. She was affected with a violent pain in the right thigh, which proved to be sciatica. The tibia as well as the femur was affected very much. The family physician was first called in; the treatment did not affect a cure. Then the more prominent physicians of the neighboring towns were called in for consultation. The patient received subcutaneous injections, narcotic

poultices, etc. Internally they gave so much morphium and chloral hydrate that they did not relieve her any more.

After treating her three months without any result the doctors told her that they could not help her, not even if she was the Emperor of Russia. The incurable nature of her disease was published in the papers. She being in that condition they sent a telegraph despatch to me. I went and found the patient whimpering and groaning. She told me that the strongest doses of chloral hydrate produced no relief, and since three horrible months she suffered day and night from these pains as at present. By the least movement the pain increased in the joint and whole extremity, particularly in the region of the ischium. She felt a sensation of crawling (as of insect) in the extremities and pains extended through the tibia into the heel and were continuous. An inguinal gland in the region of the groin was swollen. I concluded to give internally, sepia, 6x, and to have the foot rubbed with scrophulosis m salve. The improvement was slight for the first day, but the patient constantly remained hopeful. By my second visit I discovered little insignificant green spots in the chemise; then it occcurred to me at once, that the fright as an incidental cause, the swollen inguinal gland, the green spots, all indicated sycosis. I tarried no longer and gave thuja at once—the result was striking. Immediately after the first day the pains were so alleviated that the patient became tolerably comfortable, and for the first time after a long period a refreshing sleep set in. In about six weeks the patient attended her work again. She told me that she could still feel where the pain had been, and thought it was so slight she would discontinue the treatment and let it pass away itself. For about one or two weeks everything passed favorably; then she went to a ball and was induced to dance. She

had to suffer for this indiscretion. On the following morning her trouble had returned nearly as severe as before. First they waited a few days to see whether it would not pass off itself, then they sent for me. I found the inguinal gland much swollen, although it returned to its normal size by the same treatment, as at first the os sacrum was also very painful and sensative. I gave thuja again and caused immediate relief, as the first time.

DR. MUENNINGHOFF.

LIARS HARDLY EVER MAKE THEIR STATEMENTS "CONSIST."

A writer in the *Druggist's Circular* has the following about "homœopathic pharmacy:

"In regard to the claims of homœopathic pharmacy, permit me to give you my own personal experience."

"Years ago, I acted as bookkeeper in a certain very popular German homœopathic pharmacy in one of the larger cities. The proprietor also kept stationery, books, pictures, etc. Sometimes, when there was a rush of customers, I would assist him. His *modus operandi* in dishing out *similia similibus* was as unique as it is simple. It also paid tolerably well. He had, neatly arranged in drawers, hundreds of one and two-ounce vials; the corks bore the imprints: Aconitum nap., arnica, belladonna, nux vomica, sulphur, etc., etc. The clear liquids were ostensibly official dilutions used for saturating the nice, dear little pellets or globules, to medicate them, as it were, with this or that homœopathic potency. His charges were from ten to twenty cents for each one-drachm vial filled with sugar pellets so saturated. Well the larger one and two-ounce stock vials would often run out, especially the more popular brands, when Mr. Homœopathic Pharmacist would simply send for a pint of alcohol to the next drug store, dilute the same with *aqua*

fluvialis, shake the mixture, and refill all these nice vials in his drawers, often remarking—when no victim was near—that that was all right. It was all humbug anyhow! And so it was! The fools paid their honest money for the cute-looking little drachm vials filled with sugar pellets, and supposed that they were really medicated with infinitesimal dilutions of the active principles of the homœopathic mother tinctures! Even homœopathic doctors would buy this diluted alcohol, and they got it at a discount, say about 25 cents per ounce vial! For mother tinctures, common fluid extracts from an Eastern manufacturer who never enjoyed much of a reputation were used. This pharmacy does yet a flourishing business in that city! H. A."

No doubt this statement will be published and republished in allopathic journals, and be taken up and used by cross road country doctors, as an evidence of the dishonesty of homœopathic pharmacists and the gullability of homœopathic practitioners, when the whole statement stamps itself as a base falsehood. Imagine homœopathic doctors, medicating pellets of sugar of milk with dilute alcohol, and never knowing the difference, when the child knows that dilute alcohol would dissolve the pellets at once. B.

ABSTRACTS.

The following is the additional clause of the code that was adopted by the American Medical Association:

"It is not in accord with the interest of the public or the honor of the profession, that any physician or medical teacher, should examine or sign diplomas or certificates of proficiency, for, or otherwise be specially concerned, with the production of persons whom they have good reasons to believe, intend to support and practice any exclusive or irregular system of medicine."

This was an unconcealed attack on the University of Michigan, and Dr. Dunster of that State, defended the position and said, that to pass this addition to the code, "would be a step backwards, and lead the world to think it a confession of lack of confidence or faith in the perpetuity of rational medicine, and add force to reproaches so often heaped upon us for our intollerance and bigotry."

Notwithstanding the association passed the resolution, and the code is so amended.

Now the question is, what will the University of Michigan do in the premises? Will they abandon their medical department, exclude the homœopaths, or ignore the, code? Of course, they cannot do the first or second, and will be compelled to do the last.

We are glad to see this, for "whom the Gods wish to destroy, they first make mad," and this is the entering of the wedge that will soon split the code wide open, and the reaction must be in favor of liberty in medicine.

PSORA, PSORINUM, AUTOPSORIN, ETC.

BY S. GIBBONS, SR., M. D.

In the *Pacific Medical Journal* there is an article against Homœopathy, headed as above. The writer says: "It is a common cause of complaint by homœopaths against physicians of the regular school, that the latter denounce homoœopathy without inquiring into it, and that their judgment of the system is therefore founded on ignorance and prejudice. In the early period of my professional life, when the system, or practice—for it scarcely admits of either appellation—was a novelty in America, I made it the subject of inquiry, taking Hahnemann's Organon as my guide. From that time onward I have never lost sight of it, either in the presentation by

its own press or through the practice of its professed believers. Again and again I have come into friendly collision with its avowed practitioners, sometimes in public discussion, more frequently in private conversation, and I am now prepared to say deliberately and confidently that in all the fifty years covered by my inquiries, I have met with very few who seemed to know much, or anything, about their own system, or who gave evidence that they had ever read the great bible of their founder."

This assertion may go for what it is worth. Ignorance of the science that they profess to follow is not peculiar to homœopaths. It is a lamentable fact, that many practicing allopathy, are sadly ignorant of the principle branches of their own profession, and in practice pursue a routine course or follow the fashion of the time. Sometimes the fashion is to follow pathology, that is commonly called the Brownoning—that is, that all diseases arise from a sthenic diathesis, and consequently bleeding and antiphlogistic treatment is the result and the fashion. Then it is the idea of an asthenic diathesis, and consequently whisky and quinine is the practice and the fashion, and very many practicing allopathy do not know anything but to give whisky and quinine.

Ignorance is reprehensible in the individual, but it does not argue against the science that he pretends to understand; if it did there would be no science, for there are not wanting men who profess to understand, but who are remarkably ignorant of all science.

"I will go a little farther. Take a given number of homœopathic 'doctors' just as they come, say twenty, and the same number of regular practitioners just as you find them, the latter will know more collectively about homœopathy than the former; that is to say the average regular practitioner has more knowledge on the subject than the average homœopath. It is only within a few

years that any considerable portion of the 'doctors' of this school have been taught or trained in it. Most of them went into it on speculation, or because they were starved out of the old school. Even now, when you encounter a homœopath profound in his own literature, he is likely to have a German brain."

If the writer means by this, the gags or witty or otherwise sayings against the practice of homœopathy, it is not likely that allopathy will allow them to be forgotten, but if he means the science of the homœopathic law, it is a plain fact that very few allopaths know anything of that science; and when they do come to understand it, they adopt the homœopathic practice at once.

"Homœopathy is a like a coin—it has two sides, a head and a tail, as boys say. The head bears the inscription, 'similia similibus;' the tail has a unit followed by sixty ciphers, indicating the number of doses which one grain of chalk or charcoal, or one drop of poppy or belladonna juice would make when carried to the 30th potency—the Hahnemannian standard. Now, a homœopath never shows this side of the coin. He always talks 'similia;' never potency. Who ever heard of a homœopath explaining to a patient that the pellet he is swallowing contains less than the millionth part of the millionth part of the millionth part of a grain of common salt or of flint! Who ever heard of one of this school informing a patient with incipient hydrophobia, that the medicine given him to *smell*, not to swallow, and which will cure him, contains the decillionth part of a grain of chalk; or rather that it contains no chalk at all, but derives its curative power from a grain of chalk which has been rubbed up with sugar into a sort of infinite non-existence! (How is that for a knowledge of chemistry). Did you ever know a homœopath, in prescribing for the itch, to inform his patient that the medicine consisted in minute quantities of itch scabs?"

Homœopaths have never tried to hide the obverse side, but it is a remarkable fact, that those of the profession

who use the higher attenuations are loud in their expressions on that subject, so much so that some members complain that they are continually thrusting this *obverse side* before the people.

"One instance has come to my knowledge of a homœopathic doctor teaching in a public lecture against vaccination, that small-pox could be prevented by swallowing homœopathic doses of small-pox matter. But this gentleman had been educated in a regular school, and had not practiced homœopathy long enough to learn the trick of never showing the obverse side of the coin.

"My object, however, in penning this article, was to exhibit a scrap of homœopathic literature, from the pen of Dr. Constantine Hering, the Hahnemann of America, to whom more than to any other man belongs the credit, if it be a credit, of introducing the system in this country. Dr. Hering was a German, who possessed an abundance of wealth, learning and imagination. He had imbibed the favorite idea of Hahnemann, that chronic diseases are the result of repelled itch, and that 'psorinum,' the supposed poison of itch contained in the exudation or scab, was the orthodox remedy. His experience in regard to its medicinal action will serve as a specimen of the therapeutic logic peculiar to the school. The article is copied from the *North American Journal of Homœopathy* for February, 1881, which is perhaps the leading journal of that school in America. To guard against all suspicion of unfairness, I give the entire article, word for word. Although many readers will find nothing new in it, others may take an interest in its perusal. The italicized portions are according to the original."

The writer then proceeds to quote from Hering, and tries to ridicule his ideas on psorinum, and Hahnemann's ideas on psora, etc. etc.

Aristotle says: "We consider whether it is not true that the word and doctrine have not the same good effect

upon all, but it is requisite *that the soul of the hearer should have been cultivated* as the ground for the seed which it is intended to nourish." *

It requires æsthetic culture in the mind that would appreciate the fine arts.

It requires a cultivated ear to properly enjoy the delights of music. So an uncultivated medical mind that has always traveled in a circumscribed round of gross medication, can not see the philosophy of anything less than substantial doses in disease; but when the understanding has been enlightened by the knowledge derived from chemistry and physiology and the laws that govern matter, both organic and inorganic, it becomes very plain how these articles can, and do effect cures, and no intelligent, honest physician, whose mind has been enlarged, cultivated and improved by liberal study, will denounce these facts stated by the great masters of our profession.

THE KIDD QUAIN EMBROGLIO.—The *Medical Counselor* of last month has an editorial on the consultation of Drs Kidd and Quain over Earl Beaconsfield.

We were also disposed to take up the cudgels for Dr. Kidd, and had partly prepared our statement on this subject, until we saw his letter to Dr. Quain, where he disclaims homœopathy and declares that he is not treating Beaconsfield on homœopathic principles, but *on general principles*, whatever that means.

This statement of Dr. Kidd's took the wind completely out of our sails, and we concluded to let the eclectic (that he claims himself to be) and the allopath fight their own battles.

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* Eth..x-9.

Whooping Cough Cure—Corallium rub. 30th, and Cheledonium 30th. A dose every four hours alternately during the paroxysm. Let the patient inhale from a folded napkin a teaspoonful of the following mixture: ether, ninety parts; turpentine, ten parts; the child to be kept from draughts of cool air, and the room fumigated with boiling vinegar or a small quantity of sulphur placed on the hot stove or hot brick.

Soap Suds in Burns.—Dr. Likerink recommends soap-suds made of any soap on hand spread over the burned surface.

The action in relieving pain and reducing inflammation is due to the presence of the alkali, and this article possesses advantages over powdering with bi-carb. of soda. The solution of bi-carbonate of soda will answer better than the dry soda in such cases.

Onions in Phthisis.—Dr. W. H. Pearce, physician to the Plymouth (England) public Dispensary, recommends in strong terms the free use of onions for consumptive patients, and says: "It is a continually recurring experience with me to hear young persons express a desire for onions, which are often preferred raw, with a little salt, and I have rarely heard that the onions disagree. I concieve that it is of the greatest importance to follow nature's lead in the matter of appetite. I concieve further, that a marked passion for a special food, such as that of the phthisical for onions, puts us on a right track for further knowledge.—*Medical Gazette.*

Coffee in Calculus Diseases.—Dr. Mosby says that the great use of Coffee in France, is supposed to have abated the prevalence of gravel in the French Colonies, where coffee is more used than in the English, in Turkey where it is the principal beverage, not only gout, but gravel is scarcely known.

MIND AND BODY.—The passions of the mind are powerful either for good or ill. Bad news weakens the action of the heart and lungs, destroys the appetite, affects digestion, and partially suspends all the functions of the system. An emotion of shame flushes the face, fear blanches it, joy illumines it, and an instant's thrill electrifies a million nerves. Powerful emotion has killed at a stroke. Chilo, Diagoras and Sophacles, were said to have died of joy at the Grecian games. The news of the defeat killed Phillip V. Sargrave, a young Parisian, died on learning that the musical prize for which he had competed had been awarded to another. Public speakers have died in the midst of an impassioned burst of eloquence, or when the deep emotion producing it had suddenly subsided.—*Medical Gazette.*

COLORED CONFECTIONERY.—The yellow is mostly made by the use of salts in lead. Seven grains of lead chromate to a pound of candy have been found. The red is usually made of cochineal and is harmless.

THE PROMISE OF THE SICK NOT BINDING.—A French court has decided, that promises made to a doctor by a sick person are not valid in law.

"The ground for this is the fact, that the sick person is no longer master of his will, and any agreement entered into, must be under the influence of either fear or necessity."

We did not think that sick men's promises would ever be made a matter of legal discussion, but we always knew that these kind of promises were repudiated by the patient on his recovery. "Oh, doctor, if you will only cure me I will pay you anything you ask," is a usual exclamation which has its complement in—"that is a damned big bill of yours doctor for the short time I was sick—I wont pay it;" and if he is not responsible, he don't.

Abortive Treatment in Small Pox.—Dr. Bayer, in *Bull de Therapeutic*, recommends salicylic acid in this disease. His formula is as follows: Alcohol, 4 oz., salicylic acid, 15 grains, simple syrup, 5 drachms, water, 2 drachms. Take a tablespoonful every four or six hours. Under this treatment the disease is cut short, lasting but 8 or 10 days.

Allo-Eclecto-Homoio Treatment for Whooping Cough.—Dr. Rowsey, of Toledo, read a paper before the Homœopathic Medical Society of Ohio, on the treatment of whooping cough, and it is published in the *Medical Investigator* (June No.) It is hard to know under what head to class the treatment, so to make sure that we would not miss in its classification, we use the shot-gun practice in its description, and unite all in one charge, as above.

The doctor says, "Assuming that pertussis is caused by an inflammatory condition of the upper part of the trachea, (so much for the pathology). I have, after fifteen years of persistent trial, discarded every remedy but the following: Tinct. Castanea; tinct. lobelia infl.; tinct. symplocarpus, a a, 1 oz. Sig. Two teaspoonsful into a goblet half full of water, mix well and give two teaspoonsful every hour, continue this treatment steadily.

"In cases of very young babies I have been compelled to lessen the dose. I have made it a point to produce vomiting as early as possible in the paroxysm.

"I use this remedy invariably. I have met with six or seven failures during my experience with the remedy. My experience has been obtained from nearly five hundred cases (!) in this city and abroad, The average time of the treatment has been fifteen days, (we would hardly have expected them to last that long under such heroic treatment). Many infants under two years would cease coughing in ten days (we thought so).

"I have rarely been called on to continue the treatment beyond the third week (of course not). I have said noth-

ing about diet (no use), for I do not change the daily habit * * * * * * * *

"If the method proves to be somewhat novel in therapeutics of our school (which) I cannot help it. If I have wandered somewhat from the limits of the fold (stampeded away off like blazes), any sorrow that I might feel thereat, is drowned in the consolation of the successful ramble."

We can only add (by way of improvement) that if his patients could stand this treatment and the disease, both, and not die, we are ready to light another fire on the altar of *vis medicatrix natura.*

That castanea has a pathogenesis, like whooping cough and is an excellent remedy, in proper doses, we freely admit, but we don't see it so clearly in the lobelia or skunk cabbage.

Possibly there is a typographical error in the *Investigator*, and it should read *drachms* instead of *ounces*, we wonder at that excellent journal selecting such matter for its pages.

To analyze the treatment, it amounts to this: two teaspoonsful is two drachms of the combined tincture in half a goblet of water (four or five ounces), dose two teaspoonsful every hour, would be giving from six to eight drops of this strong tincture to infants; this is sufficiently heroic without vomiting, we should think.

DEOD. TINCT. IODINE. —This can be obtained in a few seconds, by the aid of a small piece of caustic potash added to the ordinary tincture, the result being a solution of iodoform.

CITRIC ACID FOR PALATABLE WATER.—One part of a fresh solution of this acid to 2000 parts of impure water or water containing large quantities of animalcules, causes the death of these organisms, and renders the water palatable.

SALICYLATED STARCH.—This has been recommended in eczema. It is often made by simply combining salicylic acid with starch; but this will not produce as intimate a mixture, as by adding, in portions, potatoe starch, to a large quantity of three per cent solution of salicylic acid in alcohol; the stickey mass to be pressed, dried and powdered.—*Pacific Medical and Surgical Journal*

IMPURE ICE AS A CAUSE OF INTESTINAL DISEASES.

That period of the year when ice (which is now used by all classes to an extent entitling it to rank as a *necessity* instead of, as formerly, a *luxury* of life) is employed in various beverages to the amount of millions of pounds, can not delay much longer, so that a few words of caution in regard to the purity of this article will be seasonable.

It is popularly believed that water frees itself from dangerous organic matter, as it does from some saline contaminations, during the process of freezing, and also that the vegetable or animal germs of typhoid and other zymotic fevers are killed, or, at least, sterilized, by congealation of the water in which they exist. Both of these ideas, however, are unquestionably erroneous, as has been repeatedly proved by various experiments which ignorant hotel-keepers try, without the least intending it, upon their guests, on a scale which would make the boldest vivisector stand aghast before the suffering inflicted, even if it were only upon the brutes which form the subjects of his researches.

Such was notably the case in an epidemic of intestinal disorder which occurred at Rye Beach, N. H., a few years since, of which an excellent account was published in the report of the Massachusetts Health Board for 1876, by Dr. A. H. Nichols, who attended most of the persons suf-

fering from the malady. It appears that early in the season a mild form of gastro-intestinal disturbance made its appearance among the guests of a particular hotel at this watering-place. The symptoms were, in general, giddiness, nausea, or vomiting, diarrhœa, and severe abdominal pain, accompanied by fever, loss of appetite, and mental depression. The disorder was at first attributed to the well-water of the place, which is strongly impregnated with sulphate and carbonate of lime and magnesia, but the peculiar grouping of the patients almost exclusively among the sojourners at a single hotel, accommodating about three hundred, whilst occupants of another hotel and of neighboring cottages, to the number of about seven hundred persons, were free from illness, strongly indicated some specific local origin. The well-water was almost immediately suspected of sewerage contamination, but, on inquiry, it was found that the wells were all sunk in an elevated ridge, safely removed from drains, cesspools, and other sources of pollution. Moreover, it was also ascertained that in some cases the individuals affected, being suspicious of the water, had limited themselves to other beverages; but, as afterwards transpired, had not hesitated to use ice, either melted or otherwise. The drainage system of the establishment, which had recently been put in complete order, was found almost faultless, and the milk supply of unquestionable purity; but, on the attention of the examining physician being directed to the stock of ice used in the hotel, conclusive proof of its dangerous quality was promptly obtained. A resident of the place stated that on tasting a portion of the ice the previous winter, he had experienced nausea and distress for the remainder of the day. Two gentlemen having taken a quantity of ice with them upon an excursion, during which they drank the water formed from it, were made violently ill. Both the house in which the ice was stored and the water from the melted ice gave off a decidedly disagreeable, or even offensive odor. Finally, a visit

to the pond from which the ice had been gathered disclosed the fact that much of its water was dark-colored, foul, and highly contaminated with filthy marsh-mud and decomposed saw-dust. Chemical analysis showed that both it and the suspected ice contained a large excess of organic and volatile impurities, including 0.04 of a grain per gallon of albuminoid ammonia. The crucial test, however, of injurious quality pertaining to this ice was afforded by its disuse in the hotel, coincident with which was noticed an abrupt amelioration of the symptoms in all who had previously been ill, and the entire absence, so far as known, of any new cases. The ice was partaken of during a period of six weeks by about five hundred persons. Of these, the majority escaped without injury; a large number suffered slight or temporary attacks of illness; and twenty-six adults manifested grave, continued, and characteristic symptoms.—*Med. News and Abstract.*

HARD TO KILL - ATROPIA POISONING— RECOVERY.

In looking through the vast numbers of fatal and recovered cases of medical poisoning, we have been unable to find a parallel case with the one we now give to your readers:

On the — day of February, 1880, we were summoned in great haste to see Dr. ————, whom, the messenger informed us, had, by mistake, taken poison and desired us to come quickly to his relief.

Not being apprised of the peculiar poison taken, we hurried to him, the distance being about two and one-half miles, and on arriving we obtained the following history of the case: The doctor had been up and worrying all night with a very sick lady the previous night, and being a great sufferer from neuralgia, he, on awaking from a very short nap of sleep, which he chanced to get about day-break, found his old bane, neuralgia, had re-

newed its attack, and he at once thought of taking a dose of morphine which he knew was already portioned out in his vest pocket, but by mistake he got hold of a paper which contained by actual weight one grain of sulphate of atropia, which he took, then made necessary preparation for breakfast, and had nearly finished that repast when he discovered there was something wrong with him, and announced he was sick, arose and went out into the yard, and called the gentleman of the house to come to him and read the writing on the piece of paper which he held in hand. The gentlemen read out to him, "atropia." The doctor remarked, "that is it; that is what I have taken; prepare me some warm salt water as quick as you can, and send for my wife and Dr. Carothers, I will be a dead man in two hours." He then produced a free emesis with warm salt water, after a lapse of probably one hour since he took the poison, and then took a large dose of morphine before we arrived.

We found him lying on a bed with eyes glistening, pupils dilated, skin dry, hot, and as red as scarlet, mouth and throat very dry, pulse not noted, speech drawling and incoherent.

This was the first dawn upon us of the nature of the poison, and we instantly thought of the hypodermic syringe and injected thirty minims of Magendies' solution (sulphate morpia 16 grains, dist. water 1 ounce) into the insertion of the deltoid, and though repeated at short intervals of eight hours to the amount of something over one ounce of the solution (16 or 18 grains of morphine), yet my friend and patient had convulsions for about two hours, but was sufficiently recovered to partake of supper, only losing one meal, dinner, that day, and suffering no other inconvenience; was not overcome by the morphine sufficiently to even feel drowsy during the day, and far into the night his eyes were strangers to sleep.

We had Dr. J. W. Gilbert, of Verona, with us from 1 to 3 P. M., having wired him the condition of the patient,

and he fully agreed with us as to the line of treatment, and rejoices in our united success.

The patient drove home the next morning in a buggy, and to this day has never felt any inconvenience that he attributes to the unfortunate dose, but enjoys his wonted health. Suffice it to say, he did enjoy an immunity from his neuralgia for a brief period.

Have you or your readers, Mr. Editor, in record or of memory a parallel case: One grain of sulphate of atropia on an empty stomach for one hour, combated in the main by sixteen or eighteen grains of morphine (the case not addicted to the use of morphia either) and yet feel no constitutional effects from the morphia? Let us hear from you on the subject.

J. S. CAROTHERS, M. D., in the *Brief.*

RHUS AROMATICA.

I. J. M. Goss, A. M., M. D., Marietta, Ga., in the E. M. *Journal*, has the following:

Sometime in the year 1880, Dr. J. T. McClanahan, of Boonville, Mo., sent me a package of the bark of the root of the rhus aromatica, requesting me to test its virtues in diabetes mel., and other urinary diseases. I made a saturated tincture of it by covering it in alcohol. Having no case of diabetes on hand for sometime, I used it in irritable bladder and other urinary troubles, until finally a case of diabetes mel. was presented to me. The subject was an old man, some 75 or 78 years of age, and his case of eight months' standing. I found him passing a very large quantity of urine (of a pale color) day and night, with great thirst, prostration, loss of flesh, morbid appetite, and pain in his feet and legs, like that of gout or rheumatism. I had no urinometer with me, to take the specfic gravity of the urine, but evaporated a few drops of the urine over a candle, upon a slip of thick glass, which yielded a large per cent. of syrup as the resi-

due. This satisfied me that I had a case of diabetes mellitus, although two old physicians had pronounced the case one of diabetes insipidus. Not having any of the tincture of the rhus aromatica, I prescribed the nitrate of uranium (1st dec. tritaration) 3 grs. ter. die. I continued this remedy for one month with no apparent benefit, but taking the specific gravity of the urine, and finding it 10.30 degrees or 10.32 degrees, I now put my patient upon the rhus aromatica, one teaspoonful three times a day, with a milk diet, with some meat and hominy, the last well boiled to get out all the starch. This course was continued for three months, with regular improvement, when the patient was dismissed as cured, and still remains well. On examination of the urine, at the end of three months, I found 10.22 degrees, and of proper color. I am now treating another case of diabetes mellitus, which is improving very rapidly. I treated a case of diabetes insipidus, in which the old man passed daily a large quantity of pale urine, with the specific gravity of 10.10 degrees. He has morbid thirst and appetite, but great loss of flesh and strength. He is improving rapidly. I have used the rhus aromatica, alternated with actinomeris helianthoides, in several cases of ardor urinæ, with positive effects, and in some cases of irritable bladder, from calculous diathesis, alternated with the carbonate of lithia, with equal success. For incontinence we have no remedy equal to this one. In chronic dysentery, diarrhœa, leuchorrhœa, and gleet, it is a valuable remedy.

IODIDE OF ETHYL IN ASTHMA.

The *New York Medical Journal* publishes three cases of asthma treated with inhalations of iodide of ethyl, with remarkable benefit. They occurred in Dr. R. M. Lawrence's service at the Boston Dispensary. Following the cases are some remarks by Dr. Lawrence, in which

he says of the iodide of ethyl: "Its speedy absorption into the blood, its anti-spasmodic quality, and prompt reflex stimulation of the respiratory muscles, may reasonably account for its beneficial action in the asthmatic paroxysm, while its power of liquefying and detaching accumulations of mucus sufficiently explains its curative influence in chronic bronchitis. * * * Experience has confirmed my faith in its remedial worth in a large majority of cases of labored respiration (whether due to bronchial spasm or to increased mucous secretion), and also in certain obstinate cases of dyspnœa, not due to organic pulmonary or cardic lesions, where other remedies may have proved inefficient. In a small minority of cases it has failed to afford relief." He does not recommend it as a substitute for internal medication, but rather as an adjunct thereto.

NAPHALINE.—Dr. Cassidy (*Med. Counselor*) found this drug in the 3x trituration extremely useful in whooping cough, repeated at short intervals. It cuts short the paroxysm, and lessens their frequency in a short time. It has surpassed my expectations in á disease which has been exceedingly obstinate heretofore under any form of treatment. The indications for its use are: Excessive spasmodic cough; paroxysm lasting a long time.

THE TREATMENT OF SCABIES.—As the result of experiments by M. Frissart at Saint Louis Hospital, Paris (*La Presse Medicale Belge*), it appears that carbolic acid may be employed with advantage in the treatment of scabies. Two patients were cured of the affection by friction twice a day with the following mixture: Crystallized carbolic acid, 3 grammes; almond oil, 300 grammes. Dr. Frissart was led to make these experiments by noticing the disappearance of scabies in several patients, affected with it, who had been put under Lister's treatment for some surgical affections.

BAKING POWDERS IN BREAD.—When cream of tartar is saturated with bicarbonate of soda, the result, outside of the carbonic acid which the chemicals are used for generating, is a double tartrate of potassa and soda, better known as *Rochelle salt*, the main ingredient of the familiar seidlitz powder. This salt is certeinly harmless enough, yet it can not be healthy for any one to take several doses of it every day of his life. It is like taking a seidlitz powder every morning. The medicine may prove of great benefit on certain occasions, but it does not follow that it would do good at all times, and under all circumstances. This answers your query, which only refers to the standard baking powders made of cream tartar and bicarbonate of soda. As to those containing alum, they can not be otherwise than decidedly harmful. Some chemists are of a contrary opinion, but certain it is that England and other European governments, which are seldom hasty in sanitary matters, make the addition of alum to bread a penal offence.—S. A. W., in *Druggist's Circular.*

WEISE ON THE TREATMENT OF DIPHTHERIA.—The author states (Berl. Klin. Wochen. No. 4), as the result of his experience of Guttmann's treatment of diphtheria by pilocarpin, that it produces an excellent and rapid effect in many cases. His own treatment, under which he has had fifty-four cases without a death, is with salicylic acid and benzoate of soda. Every hour and a half the patient inhales, or has his throat painted with, a solution of salicylic acid (one part, by weight, to fifty of glycerine and rectified spirit in equal parts), and at the same time takes benzoate of soda internally, and stimulants. The inhalation is given with an instrument constructed by Dr. Weise, consisting of a small spray-apparatus combined with a tongue depressor.

TREATMENT OF SPASMODIC ASTHMA.—Dr. R. B. Falkner, in *Medical Record*, says he has cured some of the

worst forms of this disease, being chronic cases that had bid defiance to other known good treatment, by painting with tinct. iodine, even to blistering, over the tract of the pneumogastive nerves in the neck, commencing from the upper part of the thyroid cartilage to near the upper border of the clavicles, making a streak about half an inch wide.

BRIGHT'S DISEASE.—The idea is advanced that Bright's disease is often caused by the immoderate use of ice water. The people of this country drink more ice water than any other, and we have 75 per cent more of Bright's disease.—*Albany Journal.*

ACUTE DELIRIOUS MANIA.

BY C. SPENCER KINNEY, M. D.

Acute delirious mania is an intensified form of acute mania, accompanied by delirium, and terminating ordinarily in exhaustion and death.

Diagnosis of the disease is not easy, from its similarity to typho-mania and acute mania, but we have the characteristic temperature of former cases to aid in diagnosing; and we find the excitement of acute mania exaggerated to violence and complete incoherency, with only brief intervals of quiet, in acute delirious mania.

Inception of disease, like many cases of simple mania, may be sudden, but outbursts of maniacal fury are more severe, and uncontrollable by any appeal to the understanding.

Prognosis generally unfavorable, while the opposite may be considered the rule in mania.

A noteworthy feature is the remissions occurring in periods of excitement. The lucid interval may be short and only partial.

The disease has been divided into two stages: *First*, that of excitement; *second*, of collapse.

During first period face of patient has peculiar expression, a mixture of incredulity and maliciousness. The eyes are bright and active, rolling and turning from natural direction.

Grinding of teeth for hours during attack, although there is no apparent pain.

Lips and teeth covered with sordes. Frequently spit a great deal, the spittle having a tenacious character.

Tongue generally coated brown, and is dry and cracked, but may be red.

Peculiarity often noticed is strong aversion to liquids, especially water. Food, in most instances, must be forcibly administered.

Skin is hot and dry, imparting a burning sensation to the touch.

Some portion of body is kept in continual motion. In one case coming under my observation the hands were kept moving in circles, alternately over head and chest.

Hallucinations of sight commonly present.

The patient may be noisy and demonstrative or quiet and muttering, or he may maintain an obstinate silence.

The sleep obtained practically amounts to nothing. If the patient begin to sleep after a week or ten days it may be considered a favorable symptom.

Temperature is high.

The stage of collapse may be brief, or may continue for several days, according to the strength of patient.

Two cases given illustate the course of the disease.

At the expiration of two months the first recovered sufficiently to be taken home.

The cause of attack in the second case, that of a farmer, was overwork and sunstroke.

To those who know but little regarding the methods often used in getting a patient to an asylum, the course pursued in this instance may be of interest. Whatever

may be said of abuses carried on within the walls of asylums, the inhuman efforts of relatives and friends too frequently surpass the inquisitorial cruelties of the asylum attendant.

The day on which this patient came was exceedingly warm. On leaving home he had been excited, and had so frightened the three strong men who accompanied him that they placed him in the bottom of an express wagon, and retained him in that position by sitting on him most of the distance of forty miles over a rough country road.

An exhausted man, covered with bruises and abrasions, for whom no medical skill could avail, was presented to us for treatment. Died three days after. The *post mortem* revealed nothing to indicate the severity of attack, aside from general appearance of dryness of all the organs and viscera. An ounce of serum and blood escaped on opening skull. Membranes were not adherent, but gray matter of brain was of more reddlsh tinge than normal.

In the treatment of acute delirious mania, utmost care should be observed that the patient in fits of violence injure neither himself nor others. For this reason the skilled care found in an asylum is most to be desired; for the patient then has a constant attention, and, with baths, regular diet, and medicine, the chances of recovery are greatly increased.

Pathological condition of the disease is probably meningitis and limited or general arteritis.

Remedies used are *acon.*, *bapt.*, *bell.*, *gels.*, *rhus tox.*, and *ver. v.*—*New York Medical Times.*

LECTURES ON THE PATHOLOGICAL ANATOMY OF THE SKIN.

BY JAMES TYSON, M. D.

Having considered certain general pathological states of the skin at the last lecture, we will pass on to the study of a series of conditions, rather more specialized, but still of

a general character, which may be included under the general term of hypertrophies.

In considering these conditions we must first recall the relation which the epidermis bears to the papillary body; that it, in fact, is derived from it. The cells of the papillæ wander out to the periphery, and form the first row of cells without the papillary body, the first layer of the rete malpighii, which recede and give place to successive layers of younger cells, until finally they become the oldest and most peripheral cells of the horny layer. It is interesting to note that the same cells which, remaining in the papilla, constitute connective tissue corpuscles, become, as soon as they pass the boundary line between the corium and epiderm, epithelial cells.

The first of the hypertrophies of the epiderm to which I call attention is the *callosity*. It is an overgrowth or thickening characterized by a horny hardness, and is invariably associated with pressure on a particular part. It is most marked on the hand of the laborer, and soon stamps the hand of the constant oarsman or batsman. It is a simple increase in the number of layers of the epiderm, and is the result of an increased vascularity—a hyperæmia of the papillary body. A more intense hyperæmia would result in a blister, but the moderate degree alluded to produces a moderate and gradual, but still increased supply of pabulum, and a consequent thickening of the epiderm. The horny layer thus produced differs from the normal layer only in the greater number of its strata.

The next of the hypertrophies is the *corn* or *clavus*. Here we have the same overgrowth of the horny layer of the epiderm as in the callosity, but it differs from it in the fact that, instead of growing exclusively outward, the direction of the growth of its central portion is also inward. In the callosity the older layers are pushed out by the young layers, but here the latter seem to force their way downward at the expense of the papillary body. The re-

sult of this downward growth is that the corn is not so much elevated above the surrounding skin, though such elevation is always present in a degree, as you well know.

If you make a cut through a corn you will find layer upon layer of the epidermis, with their convexities downward, and in consequence pressing the underlying and exquisitely sensitive papillary bodies, causing their atrophy. Sometimes, indeed, corns cure themselves by encroaching on the papillary bodies to such a degree as to destroy them by exciting inflammation and suppuration.

Corns are also the direct result of a hyperæmia of the papillary body, due to pressure. But here the pressure is exercised differently from what it is in the simple callosity. In the latter, it is applied to a part which is comparatively fixed and immovable; in the corn, the pressure, usually that of a boot, is exercised on a part that is movable, and it is less directly applied. In the callosity the pressure is exerted directly over the part affected.

The next of these hypertrophic states of the epiderm is the *keratoma*, which may be circumscribed and diffused. The circumscribed form is rare, but here are two well-marked instances, in preparation taken from life; in the one, a horn an inch long, growing from the temple, and another over two inches in length, growing from the wrist. The diffuse form produces a peculiar fish-scale-like appearance of the skin, called *ichthyosis*, also well shown in the preparation.

If we take one of these scales and make a section we will find a very interesting histological structure. It is found to be made up of a number of prisms, or columns, which on transverse section are found composed of concentric layers of the epithelial cells, arranged about a central canal, although the cellular structure is not easy of demonstration, unless the scale be treated by a solution of potash. Each one of these columns corresponds to a papule on which it rests. If we break a scale off we will find a large number of depressions in its base, each corres-

ponding to a papule. The same process extends also into the hair follicles, without, however, involving the hair bulb. Since the process does not originate in the hair follicle, it is only an overgrowth of the epidermis which encloses the hair. Hence, the nutrition of the hair in its upper third is interfered with, and it dies.

Notwithstanding the superficial difference in the circumscribed keratoma, or horn, the mode of production is precisely similar to that of the scale. If you examine the horn you will find a vertical striation which corresponds to the columns in the scales of ichthyosis, and if you break the horn off you will find again on its base a number of depressions corresponding each to a papilla. Here, too, the process interferes with the hair follicles, but yet does not start from them; each column is an overgrown papilla.

Among these same conditions we include the peculiar distortions to which the nails in their overgrowth are subject. As a consequence of injuries the nail of the great toe often grows in the vertical direction rather than in length, and thus acquires extraordinary thickness, suggesting, indeed, a short, stubby horn, which has to be trimmed from above, and not at the end.

It must be remembered that the nail is an epidermic structure, with its deeper or malpighian layer, resting on a depression in a papillary body, which is called the matrix. The papillæ differ from those of the papillary body elsewhere, in being arranged in parallel straight, instead of curved lines, which give rise to the longitudinal striæ on the surface of the nail. The nail grows chiefly by the addition of cells from that part of the matrix which underlies its posterior extremity, the lunula. In this manner it is pushed upward and forward, sliding over the anterior portion of its bed, which contributes but slightly, if at all, to its thickness.

Now if the matrix, the cells of which are the source of the nail, is in any way injured, and substituted by cicatricial tissue, the development of the nail is irregular and uneven, and according to the degree of injury we have the

varying degrees of deformity, including those which present superficial transverse markings or depressions, due to the irregularities in the rate of growth or temporary injuries to the matrix, as well as ugly, horn-like projections, which sometimes substitute the nail of the great toe after it has been crushed by a powerful force. In the latter the anterior part of the bed of the nail produces rapidly numerous layers of epithelium, one upon the other, thus raising the nail from its bed, and causing it to grow, as it were, in an upright direction.

A better defined deformity of the nail is that to which Virchow has given the name *onychogryphosis*, or *claw-like* deformity, from the Greek *onych*, a nail, and *gryphosis* crookedness. The disease is one of the entire matrix, and in it, in addition to the elevation and loosening of the front of the nail, the posterior part contributes a rapid thickened, incurve or twisted growth, of a brown or yellowish color, and horn-like consistency—the whole resulting in the deformity named.

Here, too, the nails of the toes are more frequently affected than those of the fingers, and in old persons. These conditions also result not merely from injuries, but also as the result of certain skin diseases, as psoriasis, ichthyosis, leprosy, and as the result of constitutional disease, as syphilis.

To the *hypertrophies* of the skin belong also the *warts* or *verrucæ*, but to a hypertrophy of the epiderm is added also a hypertrophy of the papillary body, while in the conditions heretofore considered the epidermis only played a part.

There are several varieties of warts. The common hard wart, *verruca vulgaris* or *verruca dura*, consists of a more or less circular collection of enlarged papillæ, the intervals between which are filled by large numbers of transition cells of the mucous layer of the epiderm, and the whole covered with a horny layer, but little thicker than in health. Each of the prominences of the wart corresponds

to a single papilla. They become more or less distinct from each other as the wart grows older, as the result of fissures in the horny layer, which generally extend themselves toward the bases of the papillæ, from three to twenty of which a single wart is composed. The *verruca vulgaris*, as the result of variations in shape, receives at times the name *v. plana*, *v. filiformis*, *v. digitata*.

The *papilloma cutis* or *cauliflower excrescence* of the *skin* is a similar growth, known in its smaller form as porrum or acrothymion. It differs from the ordinary wart, in that the constituent papillæ do not possess a common covering of horny layer, and that the papillæ are overgrown laterally as well as vertically; but there is here also dilatation and elongation of the capillaries and a rapid hyperplasia of the connective tissue in which they lie. It is, in fact, inflammatory in character, and the fissures and clefts on its surface are generally bathed in pus. Although similar in growth, which is rapid, and in its outward form, to the pointed condyloma, it is in no other way allied to it, and it is not due to venereal disease of any kind. It is a benign growth, and may occur upon any part of the body and at any time of life.

The *verruca acuminata*, *condyloma acuminatum*, or pointed condyloma, I have already said is similar to the smaller examples of papilloma cutis, both in outward shape and mode of growth. In these two there is an absence of a common horny layer to the closely set more or less solid mass of hyperplastic papillæ. Another peculiarity pointed out by Biesiadetzki is an excessive development of the mucous layer of the epiderm, which is the cause of the softness of the condyloma, as well as its red, fleshy aspect; its resemblance, in a word, to mucous membrane.

The favorite seats of the pointed condylomata are the genitals—the glans, penis and prepuce in the male, and the labia and vagina in the female: but they are also found in the neighborhood of the anus, and more rarely in that of the mouth, umbilicus, axillæ and toes. The individual

prominences are not always acuminated, as the name would indicate; they are sometimes short and club-shaped, at times distinct and dotted over a swollen mass, as in the preparation I show you, of condyloma about the anus; at others they are close set and give the appearance of the lobules of a red raspberry; or they may give rise to an appearance like granulation tissue.

They vary in size, often reaching that of a hen's egg, as in the specimen before you, or they may even become as large as a fist. Their most striking peculiarity is the disgusting fetor to which they give rise, and which is due to the decomposition of a purulent secretion by which they are constantly bathed.

The pointed condylomata are believed to be due to the irritating secretions of venereal disease, and especially to that of gonorrhœa, but they are not the result of constitutional syphilis.

The *condylomata lata, the flat or broad condylomata or mucous patches*, come next to be considered. They are characterized by a more diffuse lateral overgrowth of the papillary body, while the connective tissue is also the chief seat of the hyperplasia rather than the epidermis, which is exceedingly thin. The resultant is a flat, rounded elevation, about a line in height and from two to five lines in width, and upon its surface the papillæ appear as rounded elevations of the second order. It is of a pale red or dirty red color, and in the folds between adjacent papillæ accumulates a cheesy, epithelial mass, whose decomposition repeats the stinking odor of the pointed condyloma already described.

Mucous patches occur in those situations in which opposing surfaces are repeatedly brought into contact, as in the nates, perineum, axillæ, beneath the mammæ in women, etc. They are one of the results of secondary syphilis, but it would seem that they are capable also of being excited by the secretion and moisture incident to opposed surfaces. Here an accumulation of cheesy epi-

thelium is apt to occur, which emits a most unpleasant odor, and sometimes, as the result of a rapid catarrhal separation of cells, suppuration is seen to occur, extending even to the subcutaneous connective tissue.

Among the broad condylomata are sometimes included certain flat, tabular, circular elevations of the papillary body, about an inch in diameter and two lines in height, first described by Beigel, under the name *papilloma area-elevatum*, and which consists of an œdematous hyperplasia of a group of papillary bodies over which the epidermis is but slightly altered. According to Rindfleisch these growths seem to bear some relation to irritated conditions of the central nervous system. The papillary bodies themselves are but slightly sensitive.

Finally, we have to consider the *soft* or *fleshy wart* (*verruca mollis vel carnosa*). These include the moles, both pigmented and unpigmented. Some are mere flat, tabular elevations, but slightly raised above the surface, while others are quite as high as the hard wart. The pigmented moles are familiar to all of you; the soft, unpigmented moles are very common on the back and face of old persons. They are also, however, congenital, when they are called mother moles, or, *nævi materni*.

In the soft mole the connective tissue of the papilla is the principal seat of the hyperplasia, the epithelium being little increased, or indeed, altered, except as the result of pigmentation; to a slight degree also does the growth involve the connective tissue of the corium, very rarely only the entire corium and subcutaneous tissue. The hyperplasia shows large numbers of small cells, and a small amount of soft intercellular substance, in fact, granulation tissue.

Surgery.

OVARIAN CYST.

Probably the Largest on Record—The Fluid never Removed During Life—Death from Exhaustion, Dec. 18, 1880..

BY S. B. PARSONS, M. D., ANN ARBOR, MICH.

Miss W., æt. 49. Unmarried; seamstress; nervous temperament; muscular; large frame; when in health, weight 180 pounds. Had always been in robust health, until June, 1873, when it became impaired, and she first noticed a slight swelling in the region of the right ovary.

In August or September of the same year, she called the attention of her physician, Dr. Woodruff, now of Detroit, to the "swelling." He found an ovarian tumor of some inches in diameter, and rapidly increasing. After a few weeks her health improved and the tumor entirely disappeared, and was not noticed until the following June, when, in the median line, just above the pubis, she discovered a fluctuating tumor, already of so great a size as to reach nearly to the umbilicus, when first noticed. This continued gradually to increase, but much more rapidly each month during the menstrual flow. The menses continued regular for several months, perhaps a year or more, then disappeared.

After the flow ceased the same aggravation occurred each month as before. But by far the most rapid increase in the size of the tumor occurred in June of each year.

With these aggravations, each month and year, the tumor continued steadily to increase until it reached the enormous size of eighty-two and one-half inches in circumference.

After the first two years her general health was quite good, and she suffered little inconvenience, except from the size and weight of the cyst.

She suffered very little pain, except at the time of the monthly aggravations, when she complained of a tearing, rending pain in the integuments.

Until the last few months, there was no functional disturbance of any of the organs, except of the reproductive, and of the kidneys, the latter quite severe at the time of the monthly aggravations, at other times very slight.

Though the heart and lungs were forced into the apex of the chest, into a space one-third, or less, their natural dimensions, yet the circulation remained quite good, and the respiration free. During the last six months the respiration became somewhat impaired when lying on the back or right side, but was perfectly free until the last day of life when lying on the left side, and when sitting or standing. During these last months there was great œdema of the inferior extremities, causing fissures with copious discharge of serum.

I first saw her in July, 1878, at which time she measured fifty-six inches in circumference across the most prominent part of the tumor. When I next saw her, in October of the same year, she had increased to sixty inches in circumference. After the first two years she received no treatment for the ovarian disease.

She would, at no time, consent to any operation, either, for radical or temporary relief.

Until the very last, she could, with slight assistance

change from her bed to a wheeled chair which she used, and, without any assistance, stand upon her feet supporting all the weight of the cyst.

There were present, by invitation, at the post-mortem examination: Dr. C. C. Ford, professor of anatomy and physiology, University of Michigan; Dr. E. S. Dunster, professor of obstetrics and diseases of women and children, University of Michigan; Dr. S. A. Jones, recently professor of materia medica, etc., in homœopathic department, of University of Michigan; Dr. G. A. Hendricks, assistant demonstrator of anatomy, University of Michigan; Dr. H. R. Clark, my assistant; Mr. Hall, assistant to Prof. Dunster, and Mr. Huff, student.

The examination was conducted by Dr. Hendricks and Prof. Dunster.

In shape, the tumor was nearly spherical—somewhat flattened at the umbilicus—the subject on the back—slightly uneven—the larger part occupying the left side. The superficial vessels were much enlarged, some of the veins, before death, measuring more than one-half inch in diameter; the muscles of the abdomen very much attenuated, while the skin seemed as thick or even thicker than normal; the muscles of the whole body were reduced to the utmost tenuity; the lower extremities were œdematous, fissured, and ulcerated; some superficial ulceration on the most dependent portions of the abdomen, and on the back.

When the fluid was partly withdrawn, there was discovered within the large cyst, a smaller one, containing several gallons of fluid, and after this one was reduced, several others of still smaller size, some not larger than a hen's egg. There were fourteen in all.

The fluid in the large cyst was of a dark brown color, and quite thin. That in the smaller one was of a much

lighter color, and that in the smallest ones almost as light and clear as water.

The cyst was extensively adherent to the walls of the abdomen, principally anteriorly and inferiorly.

The pedicle was attached to the right ovary.

The chest was bell-shaped, with the lungs, heart, and liver crowded far up into its apex.

MEASUREMENTS OF THE CYST.

Antero-posterior diameter, twenty inches; circumference of this diameter across the most extended portion of the cyst, taken three days before death, eighty-two and one-half inches.

Transverse diameter, twenty-three and three-fourths inches; vertical diameter, from the sternum to below the pubes, twenty-five inches; circumference to this diameter, one inch anterior to the body—seventy-seven and three-fourths inches; four inches anterior to the body, seventy-seven and one-half inches.

From sternum to pubes, semi-circumference across the umbilicus, forty-four and three-fourths inches. From sternum to umbilicus, twenty-five and one-fourth inches. From umbilicus to pubes, nineteen and one-half inches.

Total amount of fluid in the cyst, twenty-two gallons and three quarts, besides the small portion necessarily lost in its removal. Sp. gr. 1039. Total weight of fluid, one hundred and ninety-nine pounds average. Weight of cyst with fluid contents removed, twenty-eight pounds average. Total weight of cyst, two hundred and twenty-seven pounds averdupoise.

EXTRACTS FROM SOME OF THE PAPERS PRESENTED AT THE SIXTEENTH ANNUAL SESSION OF THE HOMŒOPATHIC MEDICAL SOCIETY OF PENN., SEPT., 1880.

From the Medical Times.

VESICO-VAGINAL AND RECTO-VAGINAL FISTULA.—A patient, 55 years of age, had been under various forms of treatment for eight years. The following symptoms were present: Great sadness and despondency; yellowish complexion, sunken eyes; gums, mouth, and throat sore and ulcerated, with much ptyalism burning, stitching pains. All the symptoms worse on a change to damp weather, with a suspicion of a syphilitic taint, led to the use of nitric acid 6x. An injection of equal parts of glycerine and rose water was also used. This treatment was continued for nearly eight months, and a complete healing of the fistula was the result. W. D. HALL.

A MODIFICATION OF THE VANCE JACKET.—After getting a plaster cast of the curvature, the jacket is made by using crinoline strips, one to two inches in width and long enough to reach two-thirds around the cast. Beginning at the lower part of the back the strips are applied horizontally (with prepared glue), overlapping one-half of the strip each time. The front is done in the same way. Next apply steel rods (hoop skirt steel) perpendicularly, two inches apart and wrap with strong linen thread, covering all with a coat of glue. Then a second layer of crinoline, but applied perpendicularly, lapping as before, wrapping with thread, and covering with glue. The third layer of crinoline is put on like the first and covered thickly with glue. The jacket is allowed to dry, when it is cut down the front and removed. It is thoroughly perforated and covered inside and out with shellac, bound around the edges with chamois skin, and English walking-shoe hooks inserted for lacing. It is worn next to a close

fitting undershirt. No padding is used, and when the jacket becomes soiled it can be readily cleansed with cold water and a sponge. When the jury mast is required, it is placed next, and externally, to the steel rods, thoroughly wrapped with linen thread, and the jacket finished as before. S. C. SCOTT.

SARCOMA—OPERATION AND SUBSEQUENT TREATMENT.—The patient, a lady, was suffering with a tumor of the left breast. The whole gland was involved and was very hard, purple, and for quite a space seemed to adhere to the skin as if just ready to break through. *Lach.* 200 changed the color of the tumor, and relieved the darting and corrosive pains which she experienced. The tumor was finally amputated by Dr. J. H. McClelland, of Pittsburg. The wound was dressed with carbolized oil and the severe pain relieved by *staph* 200. When the wound had healed, which it did kindly, I put her upon the second decimal dilution of carbolic acid, in water, every two hours, which she has taken ever since (three years) with only one interruption. The tumor was a spindle-celled sarcoma and weighed five pounds and six ounces.

H. N. MARTIN.

GANGRÆNA.—The patient was a maiden lady, 62 years of age. The second toe appeared as a black, shrivelled eschar. Great restlessness, pain, heat, swelling, redness, burning, and tingling in all the toes of the affected foot, and also cramps in the calf of the leg. *Secale cor.* was prescribed, and bread and milk, with crude pulverized charcoal, applied externally. There was no improvement followed this treatment, but rather a tendency of the disease to spread upwards, with tearing, burning pain relieved by motion. *Arsen. alb.* 30 was given, and two days afterwards a well-defined line of demarcation was established. One week later the dead tissue was removed and the patient was soon restored to health. Six months later she noticed a dark bluish spot on the extremity of the

great toe of the same foot. The cuticle was detached and the skin under it of a dark red color. She felt uneasiness through the foot and ankle joint, particularly at night: tearing pains, heat, redness, and swelling supervened. *Arsen. alb.* 30 was given and the same poultice applied. Improvement began immediately, and the line of separation could be traced. A few days later the gangrenous portions of the toe (nearly one-half of the member) was amputated and recovery was prompt.

In a case of compound, comminuted fracture of the femur, involving the knee-joint, where acute, humid gangrene ensued, with a tendency to spread upwards, and accompanied with marked constitutional symptoms, *Arsen. alb.* 30 arrested the mortification. After the amputation of the thigh, gangrene occurred in the stump, when *arsenicum* again arrested the mortification and counteracted the typhoid symptoms. J. J. DETWILLER.

Eserin in Glaucoma.—CASE I.—Patient had suffered from neuralgia foryears, but within the last six months, after an unusually severe attack of headache, she noticed that her vision was blurred. Objective symptoms: The left eye would follow the light of a candle, but could not define the shape of the blaze. The field was rather contracted; pericorneal injection; iris widely dilated and immobile; shallow anterior chamber; T x 2; cornea sensitive; fundus not visible. The right eye was apparently normal. A broad iridectomy upwards was performed and the usual after-treatment pursued, which was followed by entire relief of all pain after the second day. Two weeks later there was still a moderate ciliary injection, an appreciable increase of tension, and no variation in the vision.

A drop of a four grain solution of *eserin sulph.* was instilled every six hours for three days, and a drop night and morning for three weeks longer. At this time vision stood 20-100, and she could read Jæger No. 4, with some

increase in strength of her former glasses. The drug was discontinued on account of a slight headache with conjunctival irritation. Eight months later, there had been no return of the neuralgia and the vision remained the same.

CASE II.—Patient, aged 48 years, suffered from neuralgia, headache, pain in the eyes, and defective vision of the left eye. Objective: The glare of a lighted candle could be barely detected in the center of the field of vision of the right eye. T x 2; mild ciliary injection; dilated pupil; insensitive, slightly steamy cornea; cloudy vitreous; fundus not visible. With the left eye she read Jæger, No. 17, at eight inches with difficulty. T x 1; ciliary injection; clear and sensitive cornea; vitreous somewhat cloudy, but sufficiently clear to permit a view of the disc, which showed the characteristic excavation. An iridectomy on each eye relieved the pain. Instillation of *eserin* was immediately begun, and at the end of ten days an examination of the vision showed for the right eye a marked improvement; for the left, no change, although the media seemed somewhat clearer. A continuation in the use of the *eserin* produced an improvement in the left eye, which was still continuing at the last report.

CASE III.—This patient was attacked two months ago with severe pain in his left eye, with great redness of the ball, but no discharge except of tears. Record: Vision perfectly blank, even for bright light; general coarse injection of the conjunctiva; marked pericorneal redness; T x 2; he bears the touch of the fingers on the cornea without flinching; the pupil is dilated and without motion; the lens is clear; the fundus is not visible. Instillation of *eserin*, four grains to the ounce, was ordered, but reduced to one-half strength on the second day, on account of severe headache. At the end of a week an examination showed a slight appreciation of light; a blurred view of the fundus, and less injection of the ball, both ciliary and otherwise. The patient is still under treatment.

C. M. THOMAS.

SHORT PAPER ON SYPHILIS.

BY CHARLES W. DULLES, M. D.

Primary Manifestations—The Initial Lesion (Chancre) and near Lymphatic Involvement.—The nature of syphilis is, fortunately, not so obscure as its origin; although in different ages different views have been entertained in regard to it, and even now there is not an entirely unanimous agreement among the men who have devoted the most time and attention to its study.

At present there are two views, one called the theory of "unicism," the other that of "dualism." According to the theory of unicism, all venereal ulcerations, whether what Hunter called hard chancres or what he called soft chancres, are syphilitic. Unicists claim the poison to be identical in both classes. The fact that the former are invariably followed by remote manifestations of syphilis, and the latter never, they explain on the hypothesis that the difference is due to the different soil into which an identical seed falls. According to the theory of dualism, there is no syphilis but syphilis. Its initial lesion usually has certain characteristics, while sometimes these are masked by accidental influences, so that the real chancre may present every physical phenomenon of a simple local ulcer, which, however, it is not. Such modified and typical lesions have given rise to the erroneous impression that the simple venereal ulcer (chancroid), may be derived from a syphilitic, and in turn, communicate this disease to others The crucial test, it is claimed by dualists, is that no lesion which proved to be the starting point of true syphilis was ever derived from an individual who did not then or soon after have what are known as remote manifestations of the disease; and, conversely, that no person unaffected with what is sometimes tautologically called *constitutional* syphilis, ever communicated this disease to another. Thousands of confrontations, in which the giver and receiver of syphilis have been brought together,

prove that when the second has syphilis, so has the first.

The controversy over these two theories has been long and sometimes bitter. Any one who has the desire and the opportunity may follow it through the medical literature of the most of this century. The issue has been that, with a few exceptions, the most eminent syphilographers are dualists. There are still some distinguished adherents of the unicist theory, but they are not numerous and the number is steadily decreasing.

This being, then, the generally accepted theory, that syphilis is distinct from all other venereal diseases, in that it is constitutional—not purely local—we dismiss the chancroid from our present consideration, except as it may be incidentally necessary to compare or contrast its appearance with that which is sometimes presented by the true chancre, the initial lesion of syphilis.

Syphilis, except when hereditary, is communicated from an individual already affected to one as yet unaffected, by means of the inoculation of a specific poison or virus. This virus has never been isolated. From time to time believers in the germ theory of disease have discussed what they thought to be the fungus that causes syphilis. Every such description has been proved to be erroneous, and no more is now known as to the physical, chemical, and vital characteristics of the syphilitic poison than was known four hundred years ago. Still, it is universally believed that there is such a poison, which must effect an entrance into the body in order to exert its influence. In whatever place and in whatever way it is inoculated, it starts the disease to which it owes its birth.

The first evidence of this disease is usually indistinguishable for some days after the inoculation has taken place. After a week or two, or even more, there appears a little spot, like a mosquito bite, which is not painful or likely to attract attention, unless, from its own nature, or by reason of accidental influences, it becomes ulcerated. If this do not take place, we have the simplest, most perfect initial lesion. If it does, then we usually find a shal-

low, sloping, rather excoriated than ulcerated surface, covered with a scanty, clear, viscid secretion. This is the so-called primary syphilitic ulcer.

But, as the simplest lesion imaginable may become irritated and inflamed under the influence of accidental circumstances, and take on an appearance of unnatural virulence, so may the initial lesion of syphilis, so *does* the initial lesion of syphilis, if subjected to the influence of any mechanical, chemical or physiological irritant, become distorted by an angry inflammation, which may mask all its simple characteristics.

If we examine a secretion of a typical initial lesion of syphilis (chancre) under the microscope, we find that there is present an infiltration of small, round cells into the perivascular spaces and lymphatic meshes of the papillæ of the skin. It is this infiltration which causes the induration usually found in the true chancre. Induration is a very characteristic sign of such a lesion, and one of great diagnostic value. Yet, it is not infallible, when present; nor is its absence conclusive against the notion of syphilis. For accidental influences sometimes cause rapid ulceration of an initial lesion of syphilis, as a consequence of which the infiltrated portion is broken down and cast off, after which one might search in vain for the sign of induration, or attempt to predicate a prognosis upon its absence. It would be as reasonable to hunt for the sign of a tavern that had been burned down, and to deny that it was a tavern if that could not be found. In such cases no physical signs of the chancre might be demonstrable; but the sequel would be sure to correct any error of diagnosis dependent upon the lack of them.

Let it be always borne in mind, that any lesion that is the starting point of syphilis, is an initial lesion of syphilis —a chancre; and that nothing else ever is. Any definitions or tests depending solely upon the physical appearances of the lesion may lead to grave errors. When all the signs of a chancre are present, it is safe to say there

is a chancre; but, it is by no means safe—it is in the highest degree hazardous—to say there is no chancre, because any or all of the physical signs are absent.

After the appearance of the initial lesion of syphilis, there occurs often, though not always, an inflammation of the lymphatic ducts leading to the nearest cluster of glands. This condition is most frequently found on the dorsum of the penis, where it is easily detected and presents an unmistakable sensation to the examining touch. At about the same time that this occurs, the nearest cluster of glands is involved, becoming slightly swollen and harder than is normal. They are not made more sensitive, and they so rarely undergo active inflammation and suppuration, that the suppurating bubo was once taken to be a proof of the non-syphilitic character of the primary lesion. This was a mistake which no one should now make, for almost every syphilographer has seen suppurating buboes follow true chancres. I have myself seen them in the axilla, after non-venereal inoculation with syphilitic virus upon the forearm, which was followed by the whole train of other symptoms of syphilis.

The lesions we have just considered—the initial lesion and the involvement of the nearest lymphatic ducts and glands—belong to what is called the primary stage of syphilis. They are sometimes classed together as "primary syphilis;" but this is a loose and inexact expression, which ought never to be used. For syphilis is a unit; there is but one syphilis, which is continuous and indivisible. There are primary, secondary and tertiary manifestations, which usually appear at certain well-marked intervals, but they are only varying symptoms of a disease that knows no intermissions.

The chronological division was first suggested by John Hunter, and subsequent experience has modified but little the views he entertained. The order of appearance of the manifestations of syphilis is usually pretty well marked by stages, to which the names Hunter used may be applied.

Yet, it must never be forgotten that this, like so many other statements that may be made in regard to diseases, is usual, but not invariable. For the lesions of syphilis, which ordinarily do not come on until months have elapsed, may follow close upon the heels of the earliest, or, indeed, be found at the same time that they are.

With this fact ever in mind, there is no danger of error in using the term "primary manifestations" to indicate the lesions we have just considered, as distinguished from those which shall later engage our attention, under the denomination of "secondary" and "tertiary."—*The American Specialist.*

TO DESTROY THE ODOR OF FOUL BREATH—THE SMELL OF THE AXILLA AND THE FETOR OF THE SMELL OF THE FEET.

R Potass. permanganat.....gr. vj.
Aquæ.....oz vj.
Sig.—Apply frequently.

It is a fact too little appreciated by physicians that success in practice often depends more on attending to some such trivial affections as the above than on the successful management of a complicated medical or surgical case.

PRURITUS VULVÆ.

R Sodii hyposulphitis.....z iv
Glycerini.....z ij
Aquæ destilat.....z vj
M. Sig.—As lotion.

Obstetrics.

RETENTION OF PLACENTA AND POST-PARTUM HEMORRHAGE.

BY C. SCHUMACHER, M. D., NORWALK, OHIO.

On Feb. 27, at 1 o'clock p. m., I was called to Mrs. E., who is forty-three years old, and who had half an hour previous given birth to her tenth child. She was suffering from post-partum hemorrhage and undelivered placenta, caused by atonia uteri. I found uterine pains very feeble, face and extremities cold with clammy sweat, pulse weak and rapid. After secalè c. 3d, slight contracting pains of os uteri were noticed, hemorrhage checked, but placenta remained. Secale c. and puls. not having any more effect, the woman vomiting continually, being faint and growing weaker, at 5 o'clock p. m. counsel was held, and erigeron and baptisia prescribed. At 3 a. m. she was in the same condition: bellad. 3d every fifteen minutes, which soon dilated the os uteri, contracted the fundus, and at 4 a. m. the placenta was in pieces, but wholly delivered, and convalescence took place rapidly.

"*SPONTANEOUS VERSION AND EVOLUTION OF THE FŒTUS IN SHOULDER AND ARM PRESENTATION, AND THE MANAGEMENT OF SUCH CASES WITHOUT SACRIFICING THE CHILD.*"

READ BY ISAAC E. TAYLOR, M. D.

The burden of the paper, which Dr. Taylor stated he had previously read before the Section on Obstetrics, November, 1880, was a narration of numerous cases, some recorded by other observers, others that had come under the author's own care, which tended to prove the genuineness of spontaneous version and evolution in shoulder and arm presentations, the method by which this process was accomplished, namely, by retraction and recession. The method of treatment laid down to avoid sacrificing the child was by cross-section of the perineum.

Dr. Taylor gave a complete exposition of the views of Denman and Douglass as bearing on the theme discussed in his paper, and substantiated his theory by quoting the opinions of Velpeau, Cazeaux, Playfair, Barnes, and other distinguished obstetricians.

An animated discussion followed the reading of the paper, in which the president (Dr. Barker), Dr. Arnold, Dr. Polk, Dr. Munde, Dr. Gillette, and Dr. Lusk took part.

Dr. Barker spoke as follows: I find the older I get the more often is the truth of the scriptural saying, "that out of the mouths of babes and sucklings comes wisdom," proven. I have gained many most valuable hints in obstetrical practice from the younger practitioners. In the first place we have certain natural processes dependent on vital physiological and mechanical principles. Again we must consider the influence of anæsthetics in modifying vital and physiological phenomena. In regard to the process by which evolution takes place in the cases under consideration, I can understand recession, but not the term retraction as applied to this process.

Dr. Arnold said, I have had two cases of spontaneous version, both occurring in the same patient, one in second labor, the membranes ruptured and the left arm presented. I could just reach to the shoulder on one side, the os well dilated, and on the other side the cord was down and I could reach to the umbilicus, pains every three minutes. I waited an hour, when I found I could reach the neck; by 2 o'clock the head was in position, and at 4:30 the head presented naturally, the arm receding as evolution was accomplished. The second case was in the fourth labor of this same woman. The membranes ruptured at 8 o'clock in the evening, the right arm presented. In twenty-five minutes I could reach the head, which gradually got into position, the arm receding; and about 2 o'clock the child was born, head presenting naturally. I was puzzled to know the processes in these cases; it occurred to me that where the arm presents that the legs might be extended, the head on one side, lateral pressure would then lift the abdomen, and the head would be forced down. There were certainly cases of spontaneous version. Dr. Polk said, in explaining spontaneous version, Dr. Taylor used the term retraction; now it seems to me in regard to the one-sided contraction of the uterus, if we assume that the contractions begin at the fundus, of course the force transmitted is upon the breach, through the spine to the head, and the tendency is to make room for the head upwards. If contractions begin at the cervix we may use the same explanation; this idea has simply presented itself to me as an explanation of the phenomena.

In regard to making lateral section of the perineum so as not to sacrifice the child, I believe it advisable in these cases, if the child is alive, but if dead, I think the arm can be removed with benefit.

Dr. Munde said: The difference between version and evolution is very clear, though the terms are mixed in the books, spontaneous evolution is version, evolution and expulsion. The term retraction and the idea expressed by it in these cases is, to me, hard to believe. It seems to

me that in spontaneous evolution it is simply a matter of displacement; it is recession, not retraction. As regards treatment I think Dr. Taylor's views of especial value since a large proportion of children presenting thus are alive, therefore section of the perineum is advisable, still I think this should be done only where the orifice is small as in primiparæ. If the child is dead it is useless to mutilate the mother.

Dr. Gillette spoke as follows: I think there is no question but there is such a thing as spontaneous version and also expulsion, but I think spontaneous expulsion very rare; it may occur where the child is small and the orifice large, or where the child is dead. I have seen but one case of spontaneous expulsion. I can not understand how retraction occurs, except Dr. Taylor means by retraction, retrocession.

In regard to treatment, I think mutilation and evisceration are old stories, and are not repeated often at the present day on account of anæsthetics, by the use of which, carried to the surgical point, I have always been able to turn. Still, I don't presume to state my experience as forming a rule, but I do say that the question of shoulder presentations is solved by anæsthesia. I do not think we are justified in waiting in these cases.

Dr. Lusk said that there were so many important points suggested by the paper read it was hard to discuss it with brevity.

The child is acted upon by all the fluid contents of the uterus; the uterus not only contracts, but it retracts; as the lower segment is distended the child's head is forced down. When retraction is complete contraction ceases. This retraction is of very great importance in connection with the subject before us. Pressure is brought to bear directly upon the breach, and the child's movements are easily explained by pressure in this direction. I believe, with Dr. Gillette, that version can be done by the use of anæsthetics. If the child is dead we may decapitate. I also believe in section of the perineum in these cases.

The discussion was closed by Dr. Taylor, after which the society adjourned.—*Proceeding of the New York Academy.*

UTERO-VAGINAL INJECTIONS.

Dr. W. J. Smyly read a paper on this subject before the Obstetrical Society of Dublin. Utero-vaginal injection in childbed was a practice of great antiquity, but had of late years been practiced to an extent far exceeding that of former times. The cause of this he considered to be two-fold: First, the more general adoption of the *dictum* of Semmelweis, "that puerperal fever was, without any exception, a fever of absorption, arising from the absorption of decomposed animal organic matter," which led to a belief in the identity of that fever with ichorhæmia, septicæmia, and pyæmia; and, second, the wonderful power of so-called Listerism in preventing the disease in the field of general surgery, which leads to a desire for the employment of similar antiseptic precautions in childbed. Dr. Smyly then proceeded to show that the use of the utero-vaginal douche in childbed, though apparently rational, and easy of accomplishment, was, nevertheless, one not unattended with considerable risk—either (1) from the irritation it might produce, owing to the high state of nervous excitability at the time of parturition, resulting in fits of hystero-epileptiform convulsions ending even in death, as in some cases quoted; or (2) from the displacement of uterine thrombi, causing hemorrhage; or (3) from over-distension of the uterus giving rise to inflammation, or possibly to the escape of into the abdominal cavity through the fallopian tubes; or (4) by the entrance of air into the uterine sinuses, as suggested by the younger Legallois in 1829. Dr. McClintock had explained the mechanism by which the entrance of air into the veins in such cases took place. The veins of the gravid uterus were remarkable

for their extraordinary size, their freedom of inosculation, their total freedom from valves, and their termination on the internal surface of the uterus, at the site of the placenta, by large open orifices. The same condition of the organ which caused flooding was exactly that which was indispensable for the ingress of air; so that the latter, when it did take place, was almost of necessity preceded or accompanied by hemorrhage. That he considered a most important point, and one which had been observed in almost all cases where air or other fluid had entered the circulation. The usual symptoms of such an accident having occurred were: A gurgling sound; escape of blood from the genitals; sudden sense of oppression and breathlessness, collapse, and asphysia. The following case came under Dr. Smyly's observation in the Rotunda Hospital, in 1879: M. M., aged 35, was delivered of her first child in the hospital; the labor was natural, with the exception of laceration of the perineum, down to, but not through, the sphincter ani. All went well until the third day, when the lochia being offensive and the perinæal wound unhealthy, she was ordered to have the vagina syringed with a solution of Condy's fluid, which was done by means of a Higginson's syrynge, in the ordinary way. Suddenly the woman became collapsed, respiration ceased, the pulse at the wrist became indistinguishable, and the cardiac impulse, which could faintly be felt for some time, soon ceased. The surface presented a mottled marble-like appearance, from over-distension of the superficial veins; and, in spite of all the efforts to restore vitality, the woman died within twenty minutes of the accident. The *post mortem* examination showed a quantity of frothy blood in the heart; and, when the knife was thrust into the distended iliac veins, air escaped with an audible whiff. The dangers following the injection of carbolic lotion into the womb were not mainly due to the poisonous nature of carbolic acid, but, as shown by Dr. Fritsch, were really to be ascribed to the action of heterogeneous fluid upon the

nervous centres; as the transfusion of lamb's blood, and the injection of salicylic acid lotion, were followed by a similar series of symptoms. There was yet another danger attending the use of the vaginal douche in childbed—viz.: The possibility of communicating thereby the very disease it was intended to prevent, either by direct infection from septic instruments, or by the admission of air into the womb—a circumstance which must be looked upon as somewhat analogous to making a simple fracture into a compound one. He, therefore, deprecated the use of vaginal injections as a routine practice to be employed in every case; but admitted that in a certain number of cases, especially those in which there was already gangrene, decomposition, or the formation of gas going on in the uterus, it was most desirable. When injections were resorted to it was most advisable that the method employed should be simple, and, at the same time, such as to reduce the risks to a minimum; for which qualities he recommended the common irrigator, with metalic tube and stop-cock, and condemned all pumping contrivances, such as Higginson's syringe, as its gum-elastic tube soon became soft, and readily cracked—thus rendering the absorption of septic matter most probable. It was also very liable to pump in air along with the fluid, and the stream being sent in jets was more dangerous than the even flow from an irrigator. In conclusion, Dr. Smyly wished to ask the opinion of the Society on three questions: 1. Are injections advisable in all cases; and, if not, what are the indications for using them? 2. Should they be continuous or intermittent; and, if the latter, at what intervals should they be repeated? 3. What is the best method of carrying out the process?—*British Medical Journal.*

OBSTINATE VOMITING IN PREGNANCY.

In reply to Drs. Alexander, Price, and others, on the treatment of vomiting in pregnancy, I would respectfully call their attention to Dr. Copeman's theory of the cause in these cases, in an article from him in the British *Medical Journal of Obstetrics*, (transactions, vol. XIII), supported by facts and observations, that obstinate vomiting, and, indeed, ordinary vomiting in pregnancy, are due to a flexed condition of the uterus, the compression of the tissues of the uterus, at the seat of the flexion constituting the irritation which gives rise to the vomiting. M. Tannier, acting upon the principle advanced by Copeman, reports a case (*Journal de Medicend de Chirugio*), in which a "multipara in the third month of pregnancy with serious and unmanageable vomitings were arrested by the simple application of a plug of wadding to the vagina." The *London Medical Journal* (Aug. 28, '75), commenting upon the above, adds: "The plug and dilatation of the neck are two mechanical methods which are very rational. The plug prevents the shaking about of the womb; the dilatation of the neck detaches the membranes over a certain space and prevents the twitchings or distention of the internal orifice." Prof. Bemiss, in the *New Orleans Medical Journal* (July, 1875), states: "I have had occasion several times in the first months of pregnancy to elevate the body of the uterus with the view of arresting vomiting. In some instances the result has been so satisfactory that I intend to investigate the matter more thoroughly," and recommends the block-tin ring pessary, or, where this can not be obtained, the ordinary pessary (Hodge's) for retroversion. About a year ago, I had a very aggravating case of vomiting to contend with, and after exhausting all the remedies in my command, pepsine, ingluvin, bismuth, assafœtida, oxalate of cerium, etc., with no good results, as a dernier resort I tried the plug,—in twelve hours all symptoms of vomiting had passed. Now, if flexure of the uterus be the true physiological cause, and dilatation of

the os gives relief, "removing the cramped condition of the uterus," all our remedies as above, singly or combined, are worse than useless, giving neither relief to our patient nor satisfaction to the physician.

Belleville, La. H. NEESON, M. D., in the *Brief.*

MATERNAL IMPRESSIONS.

In the May number of the *Brief* Dr. W. A. Ligon asks, "At what stage of gestation does the embryo or fœtus seem to be most susceptible to the influence of strange sights?" Permit me to ask him what peculiar connection he conceives to exist between mother and fœtus, which warrants the idea that maternal influence—impressions, ever operate, or can operate upon the physical formation of the fœtus? In view of the fact that no nervous connection exists between mother and fœtus, and that there is not even a direct blood communication between them, it is strange that any reasonable physician can yet entertain the notion that the mother's mind has an influence in causing pathological conditions which are known as marks and malformations. All these malformations resolve themselves as arrests of development, caused by placental adhesions, intra-uterine diseases, excessive or incomplete evolution, and many other pathological conditions. Even in Dr. Ligon's own case, the arrested development of the entire structure of the maxillary process caused the complicated hair-lip. In conclusion, permit me to ask him and all others who believe in maternal impressions, how it comes that horrible sights which make the strongest impression upon the mother, even to syncope, convulsions, and temporary aberration of mind, have no influence upon the fœtus she bears? It is certainly a lucky thing for the fœtus that its development is not left to these maternal impressions, otherwise we would have an almost general abnormally formed "humanity."

C. H. WAGNER, in the *Brief.*

Editorial.

The interest a journal creates, depends much less upon its editors than it does upon its contributors. Physicians want practical facts, briefly stated, which are applicable to every day bed-side practice. In order to meet this reasonable expectation as fully as may be, we cordially request our readers everywhere, to send us items, reports of cases, confirmed symptoms, provings, society proceedings, personals, etc. If you have an interesting case to report, don't wait until you forget all about it, but sit down and write it out in a compact form, and send it on. If you have not the time to write in full, send on the facts, and we will put them in proper shape for publication. If you have a new instrument, or a discovery in materia medica or therapeutics you wish to bring before your medical brethren, sit down, write the facts and forward them to us.

COLLEGE BUILDINGS AND LIBRARIES.

When the Germans set about founding a university they first gather a great collection of good books. These, with a corps of eminent teachers, constitute the university, though the school may occupy buildings for lectures and instruction of only the meanest quality.

In America, on the other hand, a good library is commonly the last desideratum sought by the founders of colleges. Our colleges have no libraries worth mentioning. The educating value of good libraries in connection with a medical college can scarcely be over-estimated. The presence of a large collection of books in a college helps powerfully to create there an intellectual atmosphere, so important in medical education, and one which justly offers a chief attraction. The ready access by students to the treasures of a good library is a great aid to the instructor in any department of knowledge, but especially so in medicine. In fact, the better methods of instruction now prevailing are impracticable without this constant aid of many books.

A good library is a good advertisement for any school. Such a school will naturally be reputed to be more thorough in its methods of instruction, and broader in the spirit of the culture imparted to its students than one whose library shelves are conspicuous for their emptiness.

The distinguished Prof. Fisher, of Yale, is reported to have said to an officer in a young Western college: "If I were to found a college in the West, I would make it a first-point to create a good library. This would attract public notice. This would tend to create the right atmosphere about the young school."

Let us have no more preposterous promises and twaddle about fine buildings, but give us a college endowed with a good library and an able faculty. Such an institution will always have students, and find ample accommodations for them in the way of buildings. The homœopathic college that is first to act on the suggestions of this article will be the one to win. W. C. R.

THE PRESIDENT.

Our readers are doubtless kept well posted through the daily papers as to the condition of the president, from day to day, and all are doubtless familiar with the surgical history of the case, from the date on which Guiteau, the would-be assassin, fired the shot that, from present indications, will, indirectly, in all probability, result in death.

While we have no sympathy with the reckless tramp who lodged the bullet in the body of President Garfield, and are anxious to see the full penalty of the law meted out to him, we insist there are others as much or more to blame for the fatal result, if fatal it proves, as Guiteau. The whole management of the case by the physicians, from the first, seems to have been aimed chiefly to advertise the attending and consulting surgeons—the patient's welfare being a secondary consideration.

We have not the time or space in this issue to go into and show up all the blunders perpetrated, but will content

ourselves with a few remarks on the medical treatment alone, leaving the surgical management proper for another issue.

We have watched the bulletins and other sources of information closely, and find that when the case is summed up, as the lawyers say, it consists of the latest and most approved scientific (?) allopathic treatment of the day, viz: Morphine, quinine, and whisky!

First, he had pain and must have morphine; then he was weak and must have quinine and whisky, and they have given him these remedies in every conceivable way; first by mouth, until the stomach rebelled; then hypodermically, and by enemata. Sometimes, pure and simple, at others mixed with his nutriment, but always and nvariably have these three powerful destroyers of human life been administered when occasion presented to give anything.

We defy the world to produce a man strong enough to withstand seven weeks of morphine, quinine, and whisky. It would destroy the stomach and nerves of the most hardy. Is it any wonder, then, that we are informed the end is approaching; that the poor sufferer can no longer retain anything on his stomach; that his nervous system is completely shattered and broken down, and that he has spells of delirium? The greatest wonder, to those who know anything of the action of these three remedies, is not that he is so bad, but that he has survived so long.

If he dies it will be a grave and important judicial question to decide whether Guiteau or the doctors killed the President, and if Guiteau has good lawyers, it will be an easy matter to show that the medical treatment was quite as dangerous and fatal as the bullet.

W. C. R.

QUACKERY.

THE National Eclectic Society has met, resoluted, and have retired. One of the resolutions was in regard to indorsing an eclectic (or botanic) medical college, at Atlanta, Ga., and one at Indianapolis, Ind. We did not learn what the trouble was against the Atlanta college that it should be put on probation, but the difficulty in the Indianapolis concern was too much Kendrick in its faculty.

When a college has as one of its faculty and officers, a man engaged in the sale of patent nostrums and other arrant quackery, no respectable medical association should recognize it.

The following is the *Globe-Democrat's* report of the proceedings:

"Minutes of the committee meetings were read. From these it appeared that Dr. Kendrick, a professor in the college, was the proprietor of a "Sovereign Remedy for Diseased Liver."

"Dr. Duff, of Chicago, delivered a very eloquent speech leveled at the "dean of a college who peddles patent medicines."

"Dr. Boots displayed two bottles, large and small, of the much-talked-of medicine. He made another passionate appeal for his college.

"Dr. Kendrick explained his connection with the liver medicine. It was one he had invented for his own case, was not patented, and its formula he would give to any of the assembled physicians.

"Dr. Russell, of Ohio, explained the action of the committee, done "in charity to all, with malice to none," and exhibited a bottle of the liver cure with its inventor's name and likeness upon it.

"After Dr. J. A. Reid, of Davenport, Iowa, had ap-

pealed in behalf of the two colleges, the previous question was put, and Dr. Gunn's motion prevailed, that the two colleges be admitted on probation for one year, to have no vote until after the report of the committee on credentials at the next convention."

There are several other evidences of quackery that, had the society known, they would not have received the college even on probation while Kendrick was connected with it.

Some years ago this same Kendrick issued hand-bills, and circulated them all over the state, that we criticised, in a journal we then published, as follows:

"We have just been shown a hand-bill that is being circulated in the city, on which we find in display lines, the following, viz:

"THE INSTITUTE OF MERCY.

"The Only Institute of the Kind in the World.

"THE BLIND SEE! THE DEAF HEAR! THE LAME WALK!"

"And we might add, to the poor, the gospel is preached by Dr. Kendrick and Dr. ———, a spiritualist.

"These modest fellows claim that they are '*controlled by mysterious influences, founded on inspiration.*'

"The senior member of this '*inspired*' firm is a sort of Methodist preacher, and an eclectic physician.

"There is a great deal of elasticity in Eclecticism and Spiritualism, but if these sects can stand this base attempt at inspired humbuggery and extortion without putting the seal of their condemnation on such conduct, we will consider them very delinquent in duty. It is due to our eclectic brethren that they promptly disown a member of their profession who thus violates, not only the obligations of a physician, but the dictates of common honesty." J. T. B.

Book Notices.

A PRACTICAL TREATISE ON IMPOTENCE, STERILITY, AND ALLIED DISORDERS OF THE MALE SEXUAL ORGANS. By Samuel W. Gross, A. M., M. D., Lecturer on Venereal and Genito-Urinary Diseases, in Jefferson Medical College, of Philadelphia, Pa. 175 pp., 8vo.

This work is a valuable addition to the literature of the profession. The author handles these subjects in a masterly manner. We have derived considerable information from reading this work, and would advise every physician to purchase it. It is published by Henry Lee's Sons, Philadelphia, Pa. J. T. B.

WILLIAM WOOD & CO.'S SPECIAL CATALOGUE FOR DELEGATES AT THE INTERNATIONAL MEDICAL CONGRESS. London.

We have never seen a more tasty and handsome thing in its way, than this elegant, satin bound catalogue and note or memorandum book. It is an evidence of what this great firm can do, and its contents show what a vast amount of valuable literature they have furnished to the profession. W. C. R.

PORTRAIT OF HAHNEMANN.

Mr. Dodge, of Buffalo, N. Y., has sent us one of the finest portraits of Hahnemann we ever saw. It is a chromo and hard to distinguish from an oil painting.

NEW MUSIC.—Mr. Charlie Baker has sent us a nice little song, "God Bless the Little Women," which we can recommend to our music-loving readers. The words are well adapted to the flowing melody, the accompaniment easy, and the chorus (*ad libitum*) well harmonized. Published by F. W. Helmick, 180 Elm street, Cincinnati, O.

DECLINE OF MANHOOD. By A. E. Small, A. M., M. D., President of Hahnemann Medical College, etc. *Second Edition.* Duncan Brothers, Publishers, Chicago.

This is a neatly bound and printed little book of 102 pages. We have no fault to find with it other than there is not enough of it. The subject is one that heretofore has not been extensively written about by reputable practitioners, but lately the questions involved have been taken from the hands of the quacks, and we look forward to the time when we shall have an extensive treatise on the subject. Dr. Small has made a good beginning, and we advise all who desire literature of this kind to invest in the book. W. C. R.

WE have received and shall review in our next issue, the following books: "Materia Medica and Therapeutics." By Hempel and Arndt. W. A. Chatterton, Publisher, Chicago. "Ludlam on Diseases of Women." Fifth Edition. Duncan Brothers, Publishers, Chicago

W. C. R.

The Homœopathic Courier.

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Theory and Practice.

CASES FROM PRACTICE.

BY THOS. MATHISON, M. D.

Boy, aged 4 years, is drowsy every morning and forenoon; sensation of paralysis of the legs; staggering walk and weakness of the legs; loss of appetite and soreness in region of liver; great sensitiveness in and distention of pit of stomach; fever, without chill at 6 or 7 p. m., and thirst; yellowness around the mouth, nose, and eyes.

R. *Nux vom.* 200 every two hours.

This case had been treated some eight or ten days by the attending physician, but the drowsiness, etc., continued. My attention being called to the case, I noticed the yellow discoloration around the mouth, nose, and eyes. The following remedies have this yellowness in a marked degree: Yellow around the eyes: Nitric acid, nux vom.; yellow around the mouth: Nux vom., sepia; yellow around the nose: Nux vom.

Nux vom. has all the other symptoms, and especially the morning drowsiness. It is needless to say that recovery was rapid under the action of *nux vom.* 200.

Girl, aged 7 years, taken suddenly with pain in one knee and hip-joint, so that she could scarcely walk. Gave *stram.* 200, one dose dry on tongue. Slept well that night and got up, when suddenly she felt the pain in the other hip-joint and knee. Upon examination, I found some fever, accelerated pulse, tenderness in lower spinal region. Gave *ferr. phos.* 8x. She began at once to improve, rested well during the remainder of the day, passed a good night, and was free from pain. On the following morning, the fever and tenderness to spine having passed off, continued the *ferr. phos.* 8x for two days longer, then gave a powder of *kali chlor.* 8x, dissolved in water, a tablespoonful to be taken every four hours, for two days. There was a scarlet eruption (about one centimetre in diameter) all over the body, which disappeared under the influence of the *kali chlor.* 8x.

Boy, aged 4 years, was taken suddenly with green, bitter vomiting, followed by stupor and dilated pupils. When seen several hours after attack, found him breathing heavily, drowsy, pupils dilated, with bilious vomiting. Gave *bell.* 200 and left *opium* 200, with the instruction to give the *opium* 200 if no relief from the *bell.* within two hours, or in case the child should become worse. No relief followed the *bell.*, although repeated at short intervals. *Opium* 200 was then substituted followed by immediate relief of all symptoms. On calling the next day the boy was found running about as usual.

H. P., aged 17 years, strongly developed, and in good health, complained of headache in the morning, become angry and indignant at some remark his employer had made

to him, and drank some in consequence thereof. At 6 p. m. of same day, was summoned to see him. Found him insensible, and learned from the attendants that he had complained suddenly of cramps in hypochondriac region, and fell back upon the bed unconscious. His pulse seemed to be normal, however, and he soon recovered consciousness. I now gave him *magn. phos.* 6x in water, not knowing of the indignation to which he had been subjected in the morning. Within five minutes after taking the *magn. phos.*, he put his hand to abdominal region, threw himself on the bed in a doubled up posture, and became unconscious. His pulse now began to grow weaker, and his mother made mention of the anger and indignation of the morning, stating that he had suffered from a similar attack when a child from the same cause. I now at once dissolved a little *colocynth* 200 in a half glass of water, and forced a couple of teaspoonfuls into his mouth by prying open his firmly closed jaws with the spoon. In a minute or two he began to move, and was soon sitting up, calling for water to drink, and insisting on going to the well himself to get the water. The *colocynth* was continued every five minutes, until a few doses had been taken. I left a dose of *ferr. phos.* 7x, to be given in water, in case there should be any congestion to head, and he should become delirious. On calling early the next morning (7 a. m.), I learned that he had slept well during the night, had suffered from no cramps but became delirous soon after I left, wanted to get up, tore his shirt with his teeth, etc. The *ferr. phos.* 7x was then given at short intervals, until he fell asleep, when it was discontinued. I found him now apparently sleeping, pulse fifty-eight, but firm. On being spoken to, he opened his eyes, said he had no cramp, but some pain on breathing deeply in hypochondriac region, had not much

headache, but felt dizzy and drowsy. *Stramon.* 200 was now given in water every two hours. The following morning word was sent that he was improving, was sitting up, and that it would be unnecessary to call, as he would continue to take the medicine left. Sent *stramon.* 200 to be given every three hours for a day or two longer. The recovery was complete.

THE HEALING POWER OF COTTON.

Translated from the "Rundschau," by A. Tomhagen, Student.

Cotton possesses a considerable healing power. In order to cure rheumatic inflammation of the eyes, the head must be wrapped up with cotton as far as the eyes, being careful not to exert any pressure upon them.

In case of a sore throat, cotton produces a favorable effect in one night, if the neck be inclosed by it.

Cough and catarrh loosen up and become considerably alleviated, if the neck be wrapped up with cotton and a large patch be applied to the chest.

Diarrhœa, caused by a cold, will be immediately relieved, if the abdomen be covered with a good supply of cotton and the individual remains quiet.

Headache ceases, if the head be tied up with cotton.

Rheumatic toothache can be removed by applying cotton to the part.

Burns can be cured with cotton, if the parts are first besmeared with fine oil. This last treatment was used successfully in a hospital and applied to those who were injured by an explosion in a beer saloon in Berlin.

RHUS TOX. POISONING.

ALLEN, MICH., August 8, 1881.

H. L. VERDIER. *Dear Sir*:—Noticing that the editors of the COURIER invite subscribers to report cases of interest to general practitioners, I thought that it might probably be of possible advantage to some one, were I to report that I had recently a case of rhus poisoning in my practice that was cured promptly and most satisfactorily by giving *gels.* 3x in pellets No. 35, internally (four pellets at a dose), every three hours, and at the same time using a local application of the mother tr. of the same strength of ten drops to the ounce of water.

Received the hint from an allopathic journal that I saw sometime since. Respectfully yours, H. A. STONEX.

ABCESS OF SCALP.

Clinic at Homœopathic Medical College of Missouri—Service of Prof. W. C RICHARDSON—Reported by E. B. THOMAS, Student.

B. L., age 14; just recovered from a severe attack of measles; eyes and ears both affected; on the vertex was an abcess of the scalp somewhat remarkable for its size, being two inches in diameter and elevated about three-fourths of an inch; previous to coming to the clinic it had been punctured, and was said to have discharged "near a gill" of pus; had gathered and grown larger; margin well defined and seemed to be cut down into the bone all round; painful; an incision was made in it of about three-fourths of an inch, when it discharged a large quantity of yellow serous fluid and was dressed with carbolated water ten drops to the half pint; the patient returned the following week, in which time it had again gathered; the incision was reopened, discharging a small

quantity of serous fluid and considerable coagulated blood; she was instructed to keep the incision open and syringe the cavity twice a day with the carbolated lotion; *sulph.* 8th, internally. Fourteen days after she came to the clinic again; adhesion of the scalp to the bone had taken place firmly and gradually, the incision was nicely closed, and her general good health established. Similar abcesses of the scalp are not uncommon as sequela of exanthematous fevers, but one of the above magnitude is quite rare.

RESECTION OF THE SUPERIOR MAXILLARY NERVE BEYOND MECKEL'S GANGLION.

The history was furnished by Dr. J. S. Hawley, of the New York hospital.

F. O———, forty-seven years of age, was admitted to the hospital on February 22, 1881. Patient has suffered from neuralgic pain, affecting right superior maxillary nerve for twenty-four years. During the last ten years, the pain has existed in the parts supplied mainly by the infra-orbital, and, to a less degree, by the inferior maxillary nerves. The pain is spasmodic, coming without periodicity, and lasting from two seconds to a minute. It is also brought on by much talking, reading, or brushing the teeth of the right jaw. The hearing is lost in the right ear. Never has had headache or dizziness.

Patient had a single paroxysm of intermittent fever in 1856. Denies venereal or rheumatic history.

Patient has had medical treatment of the most varied description, without relief—all anti-neuralgic remedies and galvanism having been faithfully tried. The list embraces not only arsenic, quinine, and other remedies of older reputation, but also gelseminum, aconitia, ammonio-sulphate of copper, chloroform hypodermically, and tonga.

Two years ago about one inch of the superior maxillary nerve was removed by Dr. E. C. Seguin, the opera-

tion being followed, after two months of constant pain, by partial relief, estimated by patient at fifty per cent. After this time the pain again returned, and the former symptoms are at present existing.

It having been thought that a division of the superior maxillary nerve farther back, if possible, beyond Meckel's ganglion, would offer a reasonable hope of success, on February 23d, Dr. Weir operated as follows, having, previously to the etherization, given a hypodermic of sol. morph. magend., m. ix.

The patient being secured in a semi-recumbent position, a curved incision, two inches long, was made parallel to the inferior margin of the orbit, and three-fourths of an inch below it, being joined at the junction of its inner and middle third by a second incision, two and one-half inches long, directly downward, on a line with the second bicuspid tooth. Both triangular flaps thus formed were dissected back from the bone, and the periosteum raised with an elevator. The antrum was opened by breaking through its anterior wall with a gouge. The infra-orbital foramen was found to be filled with tissue, at first thought to be a reproduced infra-orbital nerve, but attempts to follow it backward, by breaking through the floor of the infra-orbital canal, were futile. The posterior wall of the antrum was broken through at its upper part by means of blunt-pointed scissors, a hook was introduced, and a portion of the nerve, recognized as such by its glistening appearance and striæ, pulled forward. The nerve was separated from its attachments by sliding along it a wire, with a forked extremity, until the instrument met the resistance of bone at the back of the spheno-maxillary fossa. By this means the nerve was also intentionally stretched. The instrument was moved about with the design of loosening or breaking up Meckel's ganglion. Long, curved scissors were then introduced, and the nerve, which was fixed with a pair of fine forceps, cut off close to the foramen rotundum, about three-fourths of an inch being removed.

Hemorrhage had been quite free, but was arrested by pressure and torsion.

The edges of incision were united by means of silk sutures, and a dry compress applied, after the cavity of the antrum had been thoroughly washed with carbolized water (1 to 20).

One hour after the operation, the axillary temperature fell to 95.4°, and the respirations to eight. A hot-air bath, and atropia gr. 1-48 hypodermically, were administered, and in a few hours both respiration and temperature were normal. It was subsequently learned that the patient was very susceptible to the influence of opium.

There was no return of the pain, with the exception of a small amount in teeth of the lower jaw, and on March 10th the patient was discharged cured.—*Medical Record.*

ESSENTIAL DIFFERENCES BETWEEN HUMAN AND COW'S MILK.

Human milk is always alkaline, cow's milk nearly always a little acid and easily turns sour, which human milk does not so readily do. Cow's milk contains a larger proportion of proteine than human milk, and more albumen in proportion to saccharine matter, which is the converse of human milk.

A glance at the differences between human and cow's milk shows how well nature has provided for both man and beast. The young calf, which very soon skips about after parturition, requires more albumen and less sugar than the young child, whose tender stomach requires a milk which will not easily turn sour, which contains less albumen and more calorific matter, which it then actually finds in the greater proportion of sugar.

It is to be hoped that a due consideration of the facts here brought to light will enable the chemist to propose a fit substitute for human milk for children that can not be nursed by their mothers or wet-nurses.

OUR MORBID TERRORS—WHAT THEY ARE AND WHY THEY ARISE.

In his recent work on "Nervous Exhaustion," Dr. George M. Beard has opened a department of inquiry which will interest all students of psycho-physics, independent of the medical aspect of his observations. One of the mysteries of speculative physiology has hitherto been associated with the most remarkable symptoms of hydrophobia—nervous terror of water, which sets in as the disease approaches its climax. What relation subsists between the nervous affection itself, involving generally no circumscribed and well-defined section of the brain and spinal marrow and the development of the psychological factor of fear of water, so that the one is inevitably followed by the other, constitutes one of those subtle problems of mental physiology upon which experimental science and medical ingenuity have alike expended their most acute efforts altogether in vain. The fact has been so repeatedly observed that successful denial is impossible, and the best authorities admit without explaining its reality. But our ablest medical minds are as completely in the dark as to the reason why the mental symptom of dread of water should follow that specific form of nervous poisoning, and no other, as they were when inquiries relative to rabies canina were first commenced in our veterinary colleges, in emulation of similar inquiries in progress in Europe. A case was brought to the hospital of the New York College of Veterinary Surgeons not long ago of an animal apparently in the last stages of the disease, which shows that other causes may produce symptoms allied to those of true rabies. Paralysis of the limbs had already supervened, and the only signs of life

were stertorous breathing and a low, sullen, spasmodic bark at intervals of four or five seconds. One of the professors dissented from the diagnosis of hydrophobia, and, relying upon the data of canine anatomy, diagnosed abcess of the brain, and even pointed out the probable location of the ulcer. On the third day the animal expired of exhaustion, and, on post-mortem, the abcess was exposed at the exact point indicated by the acute comparative anatomist; and yet the ensemble of symptoms had been exactly that of rabies, in a case where no vestige of the poison of rabies existed. It is conceivable that an analagous hydrophobia, not propagated from the saliva of a diseased animal, may occasionally occur in the human patient; the researches of Dr. Beard, in relation to morbid terrors of all types and descriptions, while throwing no light upon the mystery of their origin, having shown that the special terror of water associated with hydrophobia is not, as is generally supposed, a unique phenomenon; but, on the contrary, one of a class common in functional disturbances of the nervous system.

He groups these morbid terrors under several heads. The first is astraphobia (fear of lightning), of which he has collated the notes of a large number of cases. The leading symptoms are oppressive pains in the head, numbness at the nape of the neck, nausea, and vomiting, and in some cases convulsions—accompanied by an overwhelming terror and dread, all phenomena arising from purely subjective causes. A patient troubled with astraphobia will sit for hours at the window, of a summer's day, watching the horizon for the slightest sign of a thunder-storm, and unable to help doing so, although perfectly aware that her terror is absurd and ridiculous. The tendency often arises *de novo* as a symptom of nervous

exhaustion, but is more frequently an inherited predisposition.

Westphal, a distinguished German writer on psychophysics, has recently described a number of cases of morbid terror under the term of agoraphobia, or fear of places. The patient is terrified by the prospect of having to cross an open street or square, and the symptoms are faintness, shuddering, and sometimes convulsions. Dr. Beard had a patient of this class who could walk up Broadway without fear, because the stores offered him an opportunity of escape in case of peril, but he could not walk on Fifth avenue without extreme terror, and on one occasion, when riding up Broadway in a stage, he shrieked out in horror when the vehicle turned into Madison square, and had to alight and return to the crowded street. The gentleman was tall, athletic, and physicaliy vigorous—apparently the last man to suffer from a malady of this kind. The doctor has known four persons who had a special terror of crossing the ferry to Brooklyn, and Dr. Smith, of Bronxville, recently had a lady patient who was unable to come to the city for many months, not because she was physically ill, but because her fear of crossing Harlem bridge in the cars was too overwhelming and unconquerable to admit of the attempt.

One of the most interesting cases in the literature of this department of the subject is that of a young lithographer who for many months was unable to enter a lithograph establishment. One day, having resolved to conquer this absurd terror, he set out to visit the shop where he had formerly worked; but when he came in sight of the building his emotion overcame him. He was within a block of the place, but could no more have entered its door than he could have plunged into a blazing furnace. Determined not to give up, he retired into a by-street and

advanced upon the fortress from a new direction. But it was in vain to try to conquer his whim, and he was at last compelled to abandon the attempt and return home. Having engaged a place in Syracuse, he went to the Grand Central Depot to take the train for that city; but on entering the railway station to buy his ticket, and going to the window for that purpose, he burst into a passion of tears and finally had to withdraw. At another time, after going all the way to Cincinnati, where he had secured a good position in a lithographing establishment, his courage broke down when he came in sight of the building, and after repeated trials he had to return to New York without communicating with his employers. A physician of great muscular strength has a morbid fear of entering a horse car, and will often let half a dozen pass him before he can summon the fortitude to hail one and get on board.

Dr. Meschede, of Cassel, Germany, has lately read a paper on another class of morbid terrors—fear of narrow places. His patient was a young man, who was seized with dizziness and dread on entering a small room, and was obliged to camp out in summer in order to obtain any sleep, while in winter a large airy apartment kept him tolerably comfortable. He was ultimately obliged to quit his university studies and become a farmer. Prof. Ball, of Paris, was the first to describe this form of phobia in a paper read before the British Medical Association in 1879. In this memoir, under the caption of "Claustrophobia," Dr. Ball related a number of cases of persons who could not stay within doors by reason of morbid fear, and were compelled to live and sleep in tents and other pavilions.

But the most interesting class of all these terrors is, perhaps anthropophobia,—or terror of contact with persons. Men of strong physical organization are sometimes

troubled with this symptom in a form so severe that they are compelled to abandon active business and live recluse lives for long periods at a time. The patient averts his eyes, and can not look even his physician in the face, and is terror-stricken at the suggestion of making an acquaintance. This diseased condition has its antipodes, which may be styled monophobia, or fear of being alone. The patient can not travel alone—can not even take a walk unaccompanied. A Philadelphia practitioner relates an instance that came under his treatment in which the patient could not leave the house unattended, and paid a man $20,000 a year to be his constant companion and never to leave him alone for a single moment. The fear of contracting some disease, pathophobia, is perhaps one of the most common forms of nervous terror, and certainly one of the most serious in its indications of deep-seated nervous disturbance. To-day it is disease of the heart; to-morrow, of the brain; the third day, of the digestion or the liver. The pathophobic sufferer lives in terror of cancer and consumption—rarely of acute and contagious diseases. He is perpetually being examined for some imaginary trouble, and spends his time and money in demonstrating that he is the greatest sufferer under the sun. Mysophobia, the constant fear of contamination, is closely allied to the preceding type. Patients in this condition have been known to wash their hands as many as 200 times a day.

Tormenting as these terrors are to their victims, who are as often men as women—and they are protean in form as well as legion numerically—there is some consolation to the sufferer in knowing that they are seldom or never associated with organic disease of the nervous system, but almost invariably betoken functional trouble. A very brilliant and able scientist started one day to cross the

ferry; he had been engaged in a protracted experimental inquiry, and was thoroughly exhausted. As the boat left the ferry house he was seized with a sudden paroxysm of terror of the motion of the steamer, and before he could restrain himsefhad nearly rushed overboard. Recovering his senses he went into the cabin and sat down until the boat was moored in the slip on the Brooklyn side of the river. He declares that he should have furnished an inexplicable case of suicide had not self-restraint come to the rescue, and believes that many cases of suicide arise from nervous impulses as sudden and little more uncontrollable than that which afflicted him. It was over in a few minutes and has never recurred.

The fascinating aspect of these inquiries is their relation to the specific terror of hydrophobia, which has been so long supposed to stand alone, and the inference they tend to establish, that transmitted hydrophobia, is a functional not an organic disease of the nervous system, induced by some subtle neurotic in the saliva of the diseased animal which has the action of alkaloid poison. Many cases have proved that there is no circumscribed organic lesion of the brain or spinal marrow in hydrophobia in the dog or the man, and the local conjestions are exactly, according to pathologists of the class that arise from profound functional disorder. But why should one type of nervous exhaustion produce a terror of water, another a fear of disease, a third, a dread of open spaces, and so on through the list? What is the relation between the physical fact and the strange subjective or emotional phenomenon? Dr. Beard has contributed a valuable monograph to the description and classification of these terrors. Perhaps some acute dialectician in psycho-physics will excogitate a coherent theory of this final relation between nervous dynamics and mental and emotional phenomena.

SOME PRACTICAL POINTS IN DIGESTION.

By J. Milner Fothergill, M. D., Senior Assistant Physician to the Victoria Park Chest Hospital, Etc.

The subject of digestion and assimilation has received a decided impetus from the recent Lumleian lectures, delivered before the Royal College of Physicians, by Dr. William Roberts, F. R. S., of Manchester. In considering the digestive ferments and artificial digestion, he laid before us lucidly what has recently been done by physiological experiment and observation, and showed how it bears on practical medicine. We all know, only too well, what a large proportion of the ailments we are called upon to treat, are directly or indirectly connected with the digestive act. Not only with the digestive organs, but with those errors of "interstitial digestion" which produce either struma or tubercle. We all recognize that failure of the digestive tract, now on the increase, of which dental caries is a part only. Why and how this failure is becoming so distinct and so wide-spread at present, can scarcely be discussed here. It is sufficient that we recognize the clinical fact.

All digestion is a process of solution by hydration; *i. e.* as starch is converted into sugar by adding a molecule of water to it, under the action of a ferment, so the albuminoid "proteid" is converted in the stomach into a "peptone," by a like process of hydration. It is easy to see that our food could not very well be stored in soluble form by the vegetable world, which, from ammonia, water, and carbonic acid, builds up for us starch, sugar, albuminoids, and fats. If soluble in water, they would constantly be dissolving in rain. So they are insoluble; and the digestive act renders them soluble, so that they can pass from the intestinal canal, through its walls, into the blood first, and from it again to the viscera and tissues.

Let us take the career of starch. The act of bursting the starch granule open by cooking, is a preparatory act

of no little value in lessening the demand upon the digestive processes. This is illustrated by the practice of advanced agriculturists, who cook the starchy matters of the food of their stock, or ferment them by brewer's grains. Under the influence of the ferment of the saliva, starch is converted into sugar. This ferment is known as "diastase," and an identical "ferment" is produced in the process of malting barley, where the starch of barley is "hydrated" into malt. This barley ferment is now largely used, medicinally, for ill-nourished infants and invalids, and very useful it is.

All digestion is a process of solution; but for proper perfect solution, disintegration is essential and indispensable. The food, no matter whether starchy, albuminoid, or fat, must be reduced to tiny, minute particles before the ferments can act efficiently. We grind our corn before we cook it. We disintegrate it before it is subjected to a process which chemically affects it. That is, so much "digestion" is actually performed upon the food, before the digestion of the body is brought to bear upon it. So we cook our flesh in order to make it less tough; *i. e.*, in order to make the tiny fibrillæ of the muscles fall more readily asunder. This reduces the act of chewing very considerably, and so reduces the work of digestion. The flesh of the pig and the calf is especially indigestible, because it is not readily disintegrated—as dyspeptics know to their regret, when they have been indiscreet enough to partake of either, often when some persuasive woman's voice has persuaded that "that *little* piece can't hurt you." These persuasive women are valuable allies for the profession! Cooking and mastication, then, reduce the labor of the stomach in disintegration. And, again, we see how bad teeth, and habit of eating rapidly, lead to indigestion. With bad teeth, mastication is imperfectly performed, and disintegration by the movements of the stomach rendered more difficult and also painful. The digestion in the stomach is thus converted from a painless

and rather comfortable matter, to a painful and uncomfortable matter. The food should then be thoroughly chewed for divers reasons.

Now we can profitably return to the matter of the effects of artificial diastase. It is quite clear that children and invalids should be taught to eat slowly, and mix their food patiently with saliva. The dairy farmer's wife and maids used of old to patiently feed their calves "off the finger;" *i. e.*, they made the calves lick the milk from their fingers, and so it got well mixed with saliva. But the increasing pace at which we live has reached the slow-going agriculturist, and now the calves are allowed to bolt their milk, with the natural consequence of too firm curds in the stomach, diarrhæa to get rid of them, a bottle of medicine to stop nature's efforts, and an increased mortality among calves. So, when children do not eat slowly, their digestive processes are embarrassed; and especially is this the case where the milk teeth are decayed.

Then again, in order to aid the defective action upon starch, by the natural diastase being deficient in quantity or impaired in power, we add the artificial diastase "maltine." But, as Dr. Roberts points out, in order to make this ferment operative it must not be taken after a meal is over. Rather it should be added to the various forms of milk porridge or puddings, before they are taken into the mouth. About this there exists no difficulty. Maltine is a molasses-like matter, and mixes readily with milk, gruel, etc., without interfering either with its attractiveness in appearance or its toothsomeness; indeed its sweet taste renders the gruel, etc., more palatable. A minute or two before the milky mess is placed before the child or invalid, the maltine should be added. If a certain portion of baked flour, no matter in what concrete form, were added to plain milk, and some maltine mixed with it before it is placed on the nursery table, we should hear much less of infantile indigestion and mal-nutrition.

Then comes the question of the digestion of albuminoids. Under the influence of the gastric juice, an insoluble albuminoid, a "proteid" is converted into the soluble "peptone." As such, it passes into the blood, where it at once passes back to proteid form. This digestion into a "peptone" is achieved by the addition of a molecule of water, and as soon as the soluble peptone has reached the blood it is dehydrated back to a proteid. This is the special function of the stomach, *viz.*, to digest albuminoids. And here, again, we see that disintegration is essential to solution. If the albuminoid be flesh it must first be cooked, which makes it tender, so that one minute fibril readily parts from its next neighbor. And, as persons advance in years they usually prefer their meat well done, while youthful appetites like underdone meat generally. Then it must be masticated so as to thoroughly break down the separate fibrillæ. If these two preparatory operations have been imperfectly performed, then the work of the stomach is increased. Hence, the movements of the stomach are active and prolonged, so that the individual becomes conscious of them; this is the indigestion of "imperfect disintegration." This form of dyspepsia is very amenable to treatment, and the indications are plain enough. Suitable food must alone be taken; mastication must be efficient and careful. If the teeth are decayed, the dentist must be consulted, and false teeth if necessary supplied. Practically, milk puddings, with or without stewed fruits; "steam-cooked, crushed cereals, to be procured of leading grocers; fish, especially short-fibred white-fish; and the white flesh of fowls, are to be preferred. Let the time spent at meals be sufficient for proper mastication, and the mixture of the saliva with the starchy or glycogenous matters of the food; by this last the starch is converted into sugar, which being soluble passes from the stomach to the blood, and the gastric digestive act is not embarrassed by the presence of too much starch. These little matters reveal their practical importance under the bright light which advancing physi-

ology is throwing upon them. They have long been known to careful clinical observers empirically, and as matters of fact, but now we know them scientifically, which reveals their importance to all. Thus perfect disintegration is essential in all cases of dyspepsia. After that comes the question of "solution."

Digestion is really solution. The gastric juice is the solvent of the albuminoid elements of our food. Now, when this juice is secreted in insufficient quantity, or is impaired in quality, then the solvent process does not progress properly. We have, then, indigestion from imperfect action of the gastric juice. Having secured for the patient a suitable dietary, and as perfect disintegration as the circumstances of the case will permit, we come to the next matter, the gastric juice. We must secure more gastric juice, or a better quality of it. For this end, we stimulate the secretion by appropriate measures, or we employ artificial digestive agents, procured from outside the organism.

We know that there are agents, which, in considerable quantities, excite inflammation of the coats of the stomach and which, when taken in medicinal doses merely, increase the vascularity of the gastric mucous membrane, and so stimulate the flow of gastric juice. Such agents we possess in *arsenic* and *ipecac*, and certainly *alcohol*. The action of the latter is often excellent in weak digestion, either taken with the food or as a fillip to the appetite immediately before food.

Beyond these measures lies the use of artificial pepsine. Pepsine, if properly prepared, will digest albuminoid bodies outside the body. The pepsine of the pig or calf is potent within the human stomach. But, as pepsine only digests albuminoids in an acid medium, it is clear it must be given shortly after a meal. And from what has been said before, it is quite clear that in each case the medical attendant must distinguish betwixt the indications for giving maltine to digest starch, and pepsine to digest albuminoids. There is room for fear that this distinction

is not invariably made as carefully as it ought to be made. Yet it is evident that in every case, such discrimination is necessary for its right management, and it will not do to give maltine or pepsine indiscriminately. By careful attention to these different matters, clearly distinguishing the indications for treatment in each case, the difficulties can usually be surmounted successfully; but it is by no "happy-go-lucky" plan, or rather want of plan, which will enable the practitioner to so diet and treat these patients as to be generally successful. A chance success here and there may be attained, but systematic success can only be hoped for by systematic study of the subject.

All this time fat has never been discussed. The digestion of fat is not effected, either by the saliva or the gastric juice. It is a moot point, yet, how far some portion of the fat in the stomach may not be broken up into fatty acids and glycerine; and that these fatty acids may aid the bile and the pancreatic juice in the emulsionizing and saponifying of the rest of the fat.

But the digestion of fat takes place beyond the stomach, to speak broadly. When the contents of the acid stomach pass the partially-relaxed pyloric ring, they come into contact with the bile and are rendered alkaline. And then the action of the pancreatic secretion comes into play. About this last matter older practitioners know little. That is not their fault, however. The subject is one which has been cleared up since their student days. The pancreatic secretion contains four principles: "(1) A ferment which changes starch into sugar; (2) trypsin, which digests albuminoids in an alkaline medium; (3) a substance which will curdle milk; and (4) another substance which will emulsionize fats. Consequently, contrary to what is thought by many, it is beyond the stomachthat the greatest digestive activity occurs. When the contents of the stomach pass into the small intestine, the pancreatic secretion commences its operation. The

remaining starch, unconverted into sugar, by the saliva, is acted upon now, once more; the albuminoids not already digested by the gastric pepsine are digested by the pancreatic trypsin, while the fats are emulsionized so that they can be taken up by the lacteals in the villi of the intestines.

Here, then, we have digestive activity in its most pronounced form. But of digestion here, we as yet know nothing; we merely know that fat is not digested in certain cases. Yet there are some matters connected with the digestion of fat which are not made as much the subject of thought as they ought to be.

There is the broad fact that cod-liver oil, cream, butter, the liquid portion of fried bacon, are the most digestible fats; that these can often be assimilated when the ordinary fat of meat is not digested, and is turned from with loathing. Many a child will reject with disgust the fat of meat, so sweet and toothsome to many persons with good assimilative powers, and readily take cod-liver oil, admitting that the latter is not attractive by its taste. There is clearly something here in the albuminoid envelope of the animal fat. Fat, as found in the bodies of animals, consists of connective corpuscles crammed with fat globules. Before such fat can be digested, the albuminoid envelope must be removed. How far this film of connective tissue interferes with the digestion of the fat contained in it, we can not yet say. But the facts stand in a very suggestive relationship.

Now what means have we for influencing this portion of the digestive act? Again, we may stimulate the pancreas, or fall back upon artificial pancreatic secretion. For the purpose of stimulating the pancreas we possess one agent alone of which we as yet have any knowledge. This is sulphuric ether. Dr. Balthazar Foster, of Birmingham, first brought forward ether for this purpose, giving it with cod-liver oil, where the oil alone did not seem to be assimilated. This work has been corroborated by the report of a commission appointed in the United

States of America to investigate the matter. It is certainly a measure well worth trial in cases where pancreatic digestion is impaired.

Then there is the use of pancreatic secretions obtained from that useful omniverous animal, the pig. These, if well made, are of great potency, and are not objectionable in taste. We all know that Dr. Horace Dobell has long had before the profession a "Pancreatic Emulsion," for the treatment of phthisis especially. There can be little if any doubt about the fact that it is the imperfect assimilation of fat which impairs "interstitial digestion" in the body. This impairment gives us those modifications of nutrition which are summed up in the word "struma."

We know that if we can manage to enable a patient with pulmonary phthisis to digest and assimilate cod-liver oil, tissue nutrition becomes so altered that the development of tubercle is usually arrested. That is, we have once more given to growing tissue that fat which is essential to healthy formation. Call growths of tubercle by what name each man pleases, Virchow's broad view that tubercle is a growth of connective tissue corpuscles degraded in quality, while produced in great quantity, is the one to hold in order to best grasp the subject from its therapeutic aspect. What we have to attempt to do, is to give to the tissues the fat without which they are not healthy. Now the perusal of the foregoing remarks will tell every reader—him that reads and runs, as well as him who reads slowly—that in the treatment of tissue malnutrition, whether of phthisis or some other form, there are many points to be attended to, beyond ordering cod-liver oil or change of air. The last, as being directed almost solely to the effect of the inspired air upon the lining membrane of the air-tubes locally, is a very narrow and limited view of phthisis; and it is [illegible] that the doctors who sing the praises of [illegible] resorts, should know a little mo[illegible]

little less taken up with the atmospheric disturbances, and the mere number of hours of sunshine of different localities. For instance, a young lady was sent to Davos the winter of 1878-'79, and came back considerably improved. She after that came under my notice professionally, and I put her upon a course of pills, containing *arsenic* and *iron*. On this she improved nicely, and I insisted upon her continuing the medicine during her stay at Davos last winter (1879-'80), so as to derive the maximum benefit for the heavy expenditure. But when she got to Davos her doctor stopped the medicine without any communication with me in the matter. What are the consequences? She comes back in such a condition that her mother gives her the pills again, on which she soon improves. Now will any reasoning being believe that if that course of *arsenic* and *iron* had been continued during the stay at Davos, the girl would not have been all the better for it?

In tissue malnutrition, it is not sufficient to merely order cod-liver oil and change of air, as is evident by what has gone before, but to first see that the digestive and assimilative processes are going on properly; that the food contains the requisite quantities of nutritive power, with ready disintegration; that the natural digestive ferments are encouraged or supplemented by artificial ferments; and then comes the question of the assimilation of fats. The last is the crowning-point of the therapeutic edifice, not its foundation. It should not be the first thing done to order the cod-liver oil, but to lead the organism up to its ready digestion, and ultimately to that of other less digestible but more stable fats.

Then it is of the utmost moment always in disease, to watch the condition of the tongue and humors of the stomach. However capricious the latter, it must be humored and conciliated; and whenever the tongue becomes denuded of its epithelium, or is covered with a layer of dead epithelium, the plan of treatment must be at once suspended; and if nausea or eructations follow the oil, then

for a time it must be withheld. No matter how tantalizing to see a satisfactory progress checked, submission to the stomach is essential; to pursue the same line when the stomach is disturbed is not good generalship. To retire for strategic purposes, is not always the equivalent of defeat; it may be a wise and prudent manœuvre. Very often, indeed, the result of a case hangs upon the readiness with which this strategic manœuvre is executed. It is to be feared that the clinical skill of a generation or two in these matters of apparent minutæ, have been largely forgotten by a race who study disease in the dead-house, and who look at tissues, healthy and diseased, too exclusively through a microscope.—*London Practitioner.*

Taste Not, Touch Not.—F. J. Bancroft, senior surgeon to the Denver and Rio Grande Railroad, concludes his circular of instructions to the conductors of that line as follows:

"The continued or excessive periodical use of malt or alcoholic liquors should be abstained from by every one engaged in operating the road, not only on account of the great risks to life and property incurred by intrusting them to the oversight of those whose intellects may be dulled at times when most care is needed, but also, and essentially, because habitual drinking has a very bad effect upon the constitution, which is a serious matter to men so liable to injury as railroad employees are. It so lessens the recuperative powers of the body that simple wounds are followed by the most serious and dangerous complications. Fractures unite slowly, if at all, and wounds of a grave nature, such as those requiring the loss of a limb, are almost sure to end fatally. *No employe can afford to take such risks, and the railway company can not assume such responsibilities.*"

Surgery.

THE PROGRESS OF SURGERY.

By J. G. Gilchrist, M. D., read before the College of Physicians and Surgeons, of Michigan.

It was formerly the custom to preface systematic works on surgery by a so-called history of the art, and however excellent the conception of its necessity might have been, certainly the execution of the task was always, and naturally, very unsatisfactory. Some writers of to-day, emphatically of the old school (not as applied to a system of therapeutics, rather to habits and methods of study), are still found burdening their opening chapters with a chronological detail that is, in the very nature of things, a travestie upon history. Seeking to give a bird's-eye view of the achievements in surgery, they have at best succeeded in giving an imperfect table of important operations performed, of necessity omitting very much, and frequently printing much of doubtful value. If an historical *resume* is worth anything, if it has any legitimate object, certainly it is at once to give us a comprehensive idea of the natural development of our science, mark the periods of great reform or advancement, and prepare us for still further advancement by pointing out the route by which perfection is to be attained. For this purpose we are led to inquire, what are the essentials in surgery, before we can conceive of a rational arrangement of our subject.

The qualified, conscientious practitioner, approaching a case submitted to him for treatment, must realize that

his first duty is to avoid mutilation of his patient, if it is within the resources of art. Failing in this, or recognizing the hopelessness of the attempt, he must tabulate the *desiderata*, as follows:

1st. Protect from unnecessary loss of blood.

2d. Preserve as much of the part as possible.

3d. Lessen or banish pain.

4d. Prevent or modify shock.

In other words, he is to select such a course of treatment as will accomplish the end desired in the most painless, certain, safe, and rapid manner. As the old maxim has it: "*Cito, tute, et jucunde.*"

Whilst it would be folly to affirm that these indications are all met in the present stage of development of the science and art of surgery, we can certainly maintain with truth that a certain measure of success *has* been secured, and each indication has been fulfilled only after the preceding one has been secured and perfected. Hence we can formulate a systematic history of the Chirugic art by imitating the methods of the general historian, and consider our subject as arranged under four heads, each representing an epoch, not artificial in any sense, but each marking a genuine advance, from which collateral topics naturally ramify, and leading in an equally natural sequence into the next. These epochs would also number four, each having a certain relation to the indications to be fulfilled in a given case. Thus the discovery of Harvey marks the advent of the first; that of Pare the second; that of Morton, Jackson, and Simpson the third; that of exsection of bones the fourth, to which we can add a fifth, as related to both the first and second, although coming much later, the bloodless operations of Esmarch.

Viewed in this relation, it is at once apparent to the most careless observer, that surgery, as with the fine arts,

passed through a period of decay and degradation, and then entered upon a true *renaissance*. The student will be surprised to discover that the elevation of this department of medicine into a place among the sciences commenced very recently; that, judged by its age alone, thus rehabilitated, it can scarcely have entered upon its career. As a matter of fact, surgery, as we know it to-day, did not commence to live until less than 300 years ago; all that has been handed down to us from periods of time anterior to this, is almost valueless, excepting, it may be, to satisfy the cravings of the antiquary.

EPOCH I.—Between the years 1517 and 1590, there lived a military surgeon in France, whose genius and learning gave the first impulse to the scientific development of surgery.

Ambrose Pare, whose name alone brought health and courage to the wounded strewn on the field of battle; whose presence in the beleaguered city reanimated the the fainting soldiers, he it was that emancipated surgery from the shackles of superstition and charlatanry that up to that time had enslaved it, and lifted it up as an object worthy to engage the thoughts and command the best efforts of students everywhere. He entered upon his career at a time when boiling oil poured into gun-shot wounds was the accepted remedy all over Christendom. When the hemorrhage from amputations, or other great operations, was controlled by dipping the bleeding, quivering stump into boiling tar or pitch, or searing it with a red-hot iron. At a time when strangulated or incarcerated hernia was treated by clamping the neck of the sac, and either excising all beyond the clamps, or allowing it to detach itself by sloughing. In his day a surgical operation and death were synonymous terms. No man submitted his body to the surgeon's knife until life hung in

balance, and the equal barbarism of the physician had failed to ward off the arrows of the king of terrors. This fearful mortality was the result of hemorrhage, the means taken to avert the shock of the operation, and the usually hopeless character of the case when brought to the surgeon. Up to this time, all the operations we read about, from Hippocrates down through the times of Celsus, Galen, Avicenna, Paul de Ægina, Guy de Chauliac, and others, were of the crudest description; performed with less than an elementary knowledge of anatomy, no knowledge whatever of physiology, and with pathology hidden from view in the densest fog. With the light they had, their achievements were wonderful, arguing heroic bravery in the operator, and more than Spartan courage and hardihood in the victim. They attempted much, often, in consideration of the means they possessed, they succeeded beyond what we would consider possible. They failed as often, and the failure was attributed to the anger of an offended God, or a jealous saint who had not been adequately feed. It were unreasonable to suppose that any conjunction of circumstances would enable a single generation of surgeons to completely over-turn the errors of practice then in vogue. Much, however, could be accomplished by removing one of the elements of danger, chiefly by giving confidence to the patient and adding to the courage of the surgeon. When it was recognized, as Pare soon compelled the fraternity to do, that the loss of blood was poorly compensated for by the disastrous results of shock from the barbarous nature of the hæmostatics in vogue, and that a simple, rational method would at once effectually prevent death from bleeding and banish the shock and torture surgical patients were called upon to endure, it required but little time to direct the efforts of the practitioner into

a new channel, enable him to attempt operations formerly unknown and correspondingly enlarged the list of curable diseases commensurately with the enlargement of the sphere of surgical practice. *This great discovery is known to every one as the application of ligatures to bleeding vessels.* The application of the system of acupressure, Esmarch's bandage, and vitalized ligatures were all natural outgrowths of the principle thus discovered. More than this, the cutting off blood supply in vascular tumors and the radical cure of aneurism, while taught later by Hunter and Carnochan might never have been known or attempted had Pare's discovery never been made.

Hence, the meanest understanding can scarcely fail to acknowledge that the first epoch in surgical history, commencing in the dim light of remote antiquity, closed with the discovery of the ligature, and a new era was then commenced, an era of genuine progress and scientific advancement.

EPOCH II.—In the year 1628, less than half a century after the introduction of the ligature into surgical practice, appeared a small treatise on the "Circulation of the Blood," by Wm. Harvey, in London, England, which not only marked the commencement of another era in surgical advancement, but at the same time stamped on the practice of medicine in its entirety an impression that can be traced, more or less distinctly, in all the therapeutic, pathological, and physiological discoveries that have been made since that time. What Pare had accomplished in providing means to avert the loss of the life-fluid, was ably supplemented by Harvey in teaching its functions in the animal economy, the manner in which it was distributed in the body, and the processes by which

it acquired properties fitting it for the purposes of life. To the surgical practitioner, the feature in this discovery that was of especial and particular interest, was the method of distribution. Up to the present time surgeons had been emboldened to attempt formidable operations from the confidence reposed in the ligature as a hæmostatic; not having an accurate knowledge of the route by which the blood reached the part under treatment, they had no recourse but to boldly cut into the tissues, incising with rapidity and securing the larger vessels as they sprang. In proportion as they acquired knowledge of the physiology of the blood they realized that more was needed than was at present possessed to avoid the alarming loss of blood that followed division of a vessel of large size before a ligature could be applied. Harvey's discovery stimulated investigation and experiment, until passing through the invention of the simple bandage about the limb, various kinds of *tourniquet* to that of Petit, next to the spring compressors of Dupuytren and Mott, culminating in the elastic bandage of Esmarch, in 1874. True merit, such as is usually possessed by original investigators in scientific study, prompted Harvey to give to his preceptor, Fabricius, the credit of directing his attention to the matter. About the same time, in addition, Cesalpino, of Italy, announced very much the same discovery, and claimed the honor for his countrymen. It is now quite certain, however, that the discovery of Harvey was made some years before the publication of it, and by universal consent the credit of priority was freely accorded to him.

The Hunterian operation for aneurism; the starvation treatment in vascular neoplasmata; the cure of elephantiasis by ligature of the feeding artery, each and all are directly related to the knowledge of the anatomy and

physiology of the organs of circulation due to the genius of Harvey. So, also, in other departments of surgical pathology, without the work he did, we would still be without accurate information of repair of injuries, as well as the genesis of morbid growths, at least with a later development of his discovery, all cognate discoveries would be correspondingly delayed.

Epoch III.—Much as had now been accomplished, there was much needed. The surgeon had been taught to save loss of blood, and the *elements* of conservism. On all hands the conviction was felt that science should be able to lessen mutilation in ordinary cases of accident. Serious compound comminuted fractures were treated on the expectant plan; every effort was made to save the part to the sufferer, and all the learning of the age was engaged in devising means to promote repair. Galen, Hippocrates, and Avicenna, indeed many of the older surgeons, had frequently removed portions of protruding bone, or fragments that were completely detached, in cases of compound fracture, and with a success somewhat astonishing when the means at their command are considered. The practice gradually fell into disuse, and in the beginning of the present century very few practiced even such crude attempts at resection. Whilst Celsus, Paul of Ægenia, and Pott, in the last century, had furnished numerous examples of complete and speedy recovery where large fragments of bone had been removed, none had attempted more than to remove such fragments when completely detached, and the patient not in a dangerous condition from suppuration and hectic. But about the year 1815, nearly two hundred years after the discovery of Harvey, Moreau, both father and son, taught the possibility of removing dead or diseased bone by incision

through the unbroken soft parts. Without the confidence furnished by the knowledge of the ligature, none would have been sufficiently bold to cut into the deep, soft parts of the thigh, or the complicated anatomy of the parotid triangles, to remove masses of bone situated in the midst of large blood-vessels and nerves, some of which could scarcely escape serious wounding. Without a knowledge of the function of the blood in restoring lost parts and facilitating repair, no inducement would have arisen to suggest the complete removal of parts so essential to functional life as bones of the extremities or face. The sub-periosteal exsections of later days, the operations to construct artificial joints, and the many improvements in bone-surgery commenced with Moreau, who derived his conception from the important advancements in surgical pathology commencing with Harvey two hnndred years before.

We now find the surgeon able to fill many of the indications in our opening formula, but an important one remains. Whilst parts formerly condemned to the amputating table can now be saved; while exhaustion from hemorrhage is much diminished, many still succumb to shock. How, then, can pain be diminished or avoided and thus avert this fatal shook? Numberless experiments were tried Tobacco clysters, stupefying with opiates, and freezing the part to be operated upon were used, yet an important item in the surgeons outfit was still a multitude of straps, straight jackets, and complicated harness to keep the victim on the table during the torture to which he was subjected. The operating theatre was little better than a chamber of horrors in the dungeons of the inquisition. The question was solved in our next epoch.

Epoch IV.—Popular prejudice has given to Dr. Morton,

of Boston, Mass., the credit of the discovery of anesthesia, but whilst it can not be denied that its general use as a recognized practice dates from his experiments, the discovery was made long before. In 1846, Dr. W. T. G. Morton "discovered" the anesthetic properties of sulphuric ether, and assisted by Dr. Warren, at the Massachusetts General Hospital, first administered it for an operation of the first class. Many claimants have arisen for the honor, but up to the present time none have successfully established the same. Quickly upon the heels of this discovery, Mr. Waldie, of Apothecaries Hall, Liverpool, England, suggested to Sir Jas. Y. Simpson the anesthetic properties of chloroform, and, in 1848, it was used in the operating theatre of that distinguished surgeon. The national character of these two events has continued to make chloroform the favorite anesthetic in England, while ether, until very recently, has been more commonly used in this country. The experiments of Sir Humphrey Davey, in 1805, with nitrous oxide gas, developed nothing in this direction, the agent having continued a simple "laughing gas" for the traveling juggler, or as a means for experiment in the chemists' laboratory, until within a very recent period. As an anesthetic, pure and simple, recognized as such by every practitioner of surgery, ether will always be admitted as first in the period of development. Who was the first to give it this rank, is still far from being decided. Dr. Morton claims it in 1846; but Dr. Sam'l Woulston, in a recent number of the *Medical Record*, states that he has an old copy of the *National Intelligencer*, in which a dentist advertises to use it for the painless extraction of teeth, as early as 1836, ten years before Morton used it. Later, then, is resurrected an old magazine article by Dr. C. B. Matthews, formerly

a professor in the Homœopathic Medical College of Pennsylvania, in which some reports of its use, for anesthetic purposes in surgery, are mentioned as early as 1824, *twenty-two* years before Morton! So far the honor rests with homœopathy, and will so rest until more is known of the early history. All this refers to the use of the agent for anesthetic purposes; it was a recognized article in the pharmacopæa, since the early part of the last century.

Who can adequately estimate the immense value of this discovery? Shock is lessened, pain is banished, the fears of the patient calmed, and the courage of the operator augmented. Many of the most useful operations are now possible that were never dreamed of, or if so, were never practiced from the suffering they entailed. It would seem as if the *summum bonum* had been reached, but a moment's reflection would show this to be untrue. We have still shock, tardy repair, loss of blood, and suffering subsequent to the operation. The want is admitted by all schools, and each of the two great schools has added its quota to the pressing demand. It is scarcely necessary to include what remains to be said in separate *epochs*, as it represents a simple, natural development from what has been briefly sketched; they would never have been attempted in the absence of the great achievements of the past.

On the 22d of December, 1873, Dr. Valerani, of Turin, Italy, reported a number of operations by a method that obviated the loss of a drop of blood, by a system of elastic bandaging. His cases had all occurred within a few weeks of the date of his report, and did not attract the attention of the profession. At a meeting of the German Surgical Association, in April, 1874, Prof. Esmarch, of

Kiel, announced the discovery of a bloodless method of performing operations on the extremities, citing cases occurring long before those reported by Valerani. There can be no doubt that while his report is some four months later than the Italian, the method was practiced long before. In proper cases, not used indiscriminately, this method is of inestimable value, and one of the missing links in the chain of evolution has been thus supplied. We can then inquire, is there prospect of a completion of the chain? The answer is, easy; it is affirmative! Homœopathy gives the rest in full measure. Excluding from consideration all that homœopathy has done for medical science in general, the laurels it has earned in surgery may be worn with pride. What if surgery without it is enabled to perform brilliant operations, if the sufferer perish from shock? If a bone is successfully resected, yet no new bone takes its place? It is to *confirm* what surgery promises, that is the field for homœopathy; to render a reality what mere mechanical art longs and hopes for, but can never attain.

When Harvey taught us the circulation of the blood and the physiology of the process, homœopathy more than counter-balances it with *acon.*, *gels.*, and *bell.*, to control its abnormal function. When Pare taught us to save this precious fluid, the doctrine of *similia* offers us *chin.* or *phos.* to mitigate the evil results of its loss. When Moreau taught us conservatism by the resection of dead bone, the followers of Hahnemann find *calc.*, *sil.*, and *symphytum* at once to insure the reproduction of the lost part, and often to restore the dead tissue to life again, and save even this modified mutilation. Anesthesia has rendered operations painless, but to complete the indication, our *hypericum* is equally potent to prevent pain afterwar

Esmarch has enabled us to operate without the loss of a drop of blood, but *arn.*, *opi.*, and *camph.* are furnished from our store houses to ward off shock and collapse.

So, everywhere, when we meet a genuine advancement in surgical art, our beneficent system is ever found to furnish just what was needed to fully perfect it. Nay, more. It has furnished the well equipped physician with a thousand instruments to banish the necessity for surgical operations; instruments that in time, I verily believe, will enable us to strike the word incurable out of our dictionaries, and leave to the surgeon only accidents and malformations to exercise his prowess upon.

Inasmuch as it has done what has been sketched, up to the present time, homœopathy can answer the taunts of its adversaries, by pointing to the fact, if they say we have no surgeons, we have done more for surgery than the learning of over three hundred years has been able to accomplish, and can emphatically claim that we have indeed added to the sum of human happiness by subtracting from the sum of human suffering.

Elastic Collodion in Hydrocele of Children.—Dr. Anger's (*Courier Medicale*) method is to paint, daily or every other day, the sac, or along the cord, if it is hydrocele of the cord, elastic collodion. This treatment he says is successful in curing children from two to eight years old, but is of no avail in youths or adults.

Dissecting Laws in Maine.—They have a law that no medical student shall be allowed to graduate and practice medicine who has not had regular practice in the dissecting-room. Then they passed a law that no bodies, save only the bodies of executed criminals should be cut up in dissecting-rooms. Then, as a climax to all this, they abolished capital punishment. That's the kind of a country Maine is. Students must come west to qualify, and we can't recommend them to a better place than Saint Louis.

THE WHALE TENDON LIGATURE.

By T. Ishiguro, M. D., Chief Surgeon of the Imperial Japanese Army—Translated by S. Kitachi.

The ligatures formerly in use in tying vessels of the human body, were of different kinds to those of the present day. Silk and hemp ligatures were at one time applied by surgeons to such purpose, but as both had the defect of acting as foreign bodies in the animal economy, they were superseded by ligatures made of thin strips of leather. In support of the use of leather, it was thought that ligatures of that material would be decomposed by the heat and moisture of the body, and that they would finally become absorbed; but numerous trials convinced those most favorable to the use of leather ligatures that the idea was a fallacy: for leather, it was found, was far from being easily dissolved, and besides, it was very apt to break off at the time of its application.

Dr. Lister's ligature (cat-gut), though of comparatively recent origin, is held in such high estimation, that it is now almost exclusively used for tying vessels, or applying the suture to the viscera. It was in the year 1874 that I first saw its practical application in the operating theatre of the College, by Dr. Schultz, Instructor of Surgery to the Imperial Medical College, Tokio, which was possibly the first introduction and utilization of Lister's ligature in Japan.

My whale tendon ligature was invented a few years after. I first conceived the idea upon seeing, in the country, a whale tendon bow-string, used in whipping cotton. The thought struck me that, with slight modifications, such strings might be made into ligatures; but I left the matter untouched, until subsequently, in 1877, when urgent necessity caused me to turn my mind to the subject again.

It was in that year that the Southwestern Rebellion—which kept the Empire for some months in a state of great disturbance—broke out. In the month of February, of

1877, I was ordered by the Government to proceed to Osaka, to take charge of the hospital which was specially established there, for the purpose of treating wounded Imperialists. The cases sent to and treated at that post, from the commencement to the end of the war, amounted to more than seven thousand, among which I had occasion to make frequent trials of Lister's ligature. On reflection I was strongly persuaded to bring out the whale tendon ligature, as a substitute for Lister's and finally I accomplished my invention by adopting the following course:

I. *The Preparation.*—The mode of making the ligature is very simple. Firstly, a whale's tendon is dissected by the points of needles, and teased out until the fibres look very like those of hemp. Secondly, the longest and finest fibres among them are selected, and they are then spun together as ordinary silk thread. I find that the whale tendon is the best for the purpose. Any others, for instance those of the horse or cow, are deficient in strength.

II. *The results of the tests to which this Ligature has been subjected.*—1st. A weight of 4 lb. 4 oz. was suspended on a cord of one metre in length and 0.18 gramme (3 gr.) in weight, but it was not broken.

2d. The ligature was boiled for seventy-two hours, and then kept at blood heat for five days, but it only showed slight expansion or softening without the least dissolution or loss of strength.

3d. The ligature was soaked in a solution of *pepsin* (2 drachms), dilute *hydrochloric acid* (1 drachm), and *aqua* (5 oz.), and then kept at the temperature of the body for twenty hours, but showed not the least sign of dissolution.

4th. It was tested likewise by soaking in *acetic acid* and *lactic acid* (both in a diluted state), and also in *liquor potassæ*, in all of which cases the strength of the ligature was proved by like results. The soaking lasted from five to six days, but no dissolution took place.

5th. The first actual trial was made upon a patient, to

whom excision of the femur was necessary. In this case one of the ends of the ligature was cut off close to the knot, while the other was left hanging out of the wound. After the lapse of seven days an examination was made, and it was found that not the least trace of the ligature was to be detected. Subsequent trials proved that three days after the application were sufficient for the full absorption of this ligature.

6th. The same experiment was made on the femoral of a dog. On examination five days afterwards, it was found that the ligature had exercised its full powers on the vessel, while there was not the least trace of it remaining in the body; the whole of it having been absorbed by that time.

The success of these several tests gave great satisfaction to me. But there still remained another question to ascertain, which was—For what length of time would it remain in the body as ligature? for a too speedy absorption is liable to cause secondary hemorrhage. Opportunities soon occurred for trials on that point, and convinced me of its safety. A case of leg amputation afforded a very good opportunity; the ligature was applied to both the *tibial* and *fibular* arteries of the patient, but there was not the least manifestation of secondary hemorrhage. The subsequent trial which was made on the femoral was attended with like result. A like success followed in both instances.

After submitting the ligature to these tests myself, it was presented to my medical colleagues for trial, among whom were Surgeon Nagamatsu and Surgeon Nagase, of the army, who were at Osaka, and whose duty was then to attend on many hundreds of those who had been wounded in battle, and who possessed, consequently, more opportunities of making practical tests than most other surgeons. They informed me that the ligature was availed of by them in a large number of cases, with entire success. They conferred upon it the name of "Ishiguro's ligature;" and so I made my invention publicly known in October,

1877. In Japan the ligature has rapidly established itself in estimation among the medical men, and there is no other than that used now in the military hospitals.

Bearing in mind the strength which the ligature naturally possesses, and which can be still more increased by soaking it in carbolic oil, it may be concluded that it can be relied on to answer every purpose of ligaturing and suturing.

With these words the inventor commits his ligature to his professional brethren, respectfully asking them to submit it to that practical trial which is, after all, the only true test of its efficacy.

Tokio, June 10th, 1880.

THE TREATMENT OF TOOTHACHE.

An English publication contains an article on toothache, from which the following items are taken:

For Application.—A few drops of chloroform on cotton wool inserted into the hollow of a decayed aching tooth often gives permanent relief, but sometimes when the anæsthetic effect has passed away the pain is aggravated, the application having irritated the inflamed pulp. A better plan is to hold over the hollow tooth a piece of lint moistened with chloroform, so that the vapor only comes in contact with the interior of the tooth. The preparation sold as camphorated chloroform often proves useful. A mixture of equal parts of chloroform and laudanum, or of chloroform and creasote, constitutes an excellent application.

Creasote may nearly always be employed with a fair hope of success. It may be mixed with an equal quantity of chloroform, or of laudanum, or with tannin. Laudanum, either alone or mixed with tannin or creasote, and inserted into the cavity of the hollow tooth, enjoys a high and well merited reputation.

For cases in which the pulp is exposed and inflamed, a jelly is made by melting in a test tube some crystallized carbolic acid, and then adding an equal quantity of collodion. A small quantity is placed on cotton wool and inserted into the hollow painful tooth. It may at first somewhat aggravate the pain, but in a few seconds it diminishes and soon abolishes it. Care should be taken not to let it come in contact with the inside of the cheek, for, as we can testify from personal experience, it would give rise to considerable pain and smarting.

When there is a large hollow and the pain is severe, a good application is a mixture of camphor and opium, of each one grain, made into a paste, with which the cavity should be filled, it having been previously dried by means of lint or cotton-wool.

When equal parts of chloral and powdered camphor are rubbed up together, they form a syrupy liquid. This will sometimes succeed in relieving toothache even when applied externally; but is is more likely to afford relief when introduced into the cavity of the decayed tooth on cotton wool. A plug of lint dipped in sulphurous acid and inserted in the hollow tooth, will often give immediate relief.

For Internal Administration.—Gray powder proves useful in many forms of toothache, and is regarded by many as one of the best remedies for this complaint. It proves of most value when the pain is gnawing, tearing, or boring in character, and is aggravated by eating, and also at night in bed, but is temporarily relieved by cold water. It is of value when the pain effects the entire side of the face, extending upwards to the head and backwards to the ears. It is especially indicated when the toothache is accompanied by an increased flow of saliva, and by profuse perspiration in bed, which fails to afford relief. In many cases it is a good plan to introduce a small quantity of gray powder, of course not mixed with sugar, into the hollow of the decayed tooth.

Aconite is useful in toothache arising from cold. It is

especially indicated when the pain is sharp and stinging, and is relieved by cold water. This form of toothache is usually accompanied by heat of the face and chilliness. A drop of the tincture of aconite should be taken every ten minutes.

Belladonna is found to do best when there are shooting, throbbing pains affecting several teeth on one side, so that it is impossible to say exactly which tooth it is that is aching. This form of toothache not unfrequently shifts from place to place, and it is usually increased by both hot and cold applications. It is often accompanied by determination of the blood to the head, flushed face, excessive sensitiveness to external impressions, such as noise or light, and by dryness of the mouth and mental confusion. A drop of the tincture of belladonna should be taken every ten minutes.

Arsenic is used when the pain is grinding in character, when it is increased by touching the affected tooth, or by lying on the painful side. This form of toothache is usually increased by rest and by cold, but is relieved by moving about and by the application of warmth. Arsenic is also indicated when the pains are jerking in character, or when they occur chiefly or are much aggravated at night. It usually proves of benefit when the sufferer is much exhausted by the pain.

Bryonia is recommended when the pain is of a screwing character, when it is worse from warmth, is momentarily relieved by cold water, and more permanently by walking in the open air.

Nux vomica is found to be useful for darting pain in the teeth and for toothache of a boring or gnawing character, especially when it comes on after dinner. A drop of the tincture of nux vomica may be taken every ten minutes for an hour.

Phosphorous should be given for tearing, shooting pains, worse in the open air or after taking warm food. It is especially indicated when, in addition to decayed teeth, there are gum-boils.

Nitro-glycerine, or glonoine, is the remedy for pulsating toothache, accompanied by headache. A teaspoonful of the one per cent solution should be added to a pint of water, and of this a teaspoonful may be taken every ten minutes till relief is obtained. It is a most valuable remedy.

Pulsatilla does good in cases where the pain comes on as soon as anything is taken into the mouth. The pain which is relieved by this remedy is worse in the evening, at night, and after the application of warmth.

Chamomile tea is indicated when the violent paroxysms of toothache come on from exposure to a draught or from a sudden check to the perspiration.

Arnica is the remedy for pain in the teeth caused by mechanical violence. It does well in throbbing toothache, and in pain in the teeth as if they were being scraped. The tincture of arnica should be given in drop doses every ten minutes.

Chamomile is the remedy for the irritation produced in children by teething.

Gelseminum has been highly recommended for toothache. It is undoubtedly a very valuable remedy, but we are inclined to think that it does not do much good in pure toothache. It is the neuralgia arising from decayed teeth that it cures, and in these cases we believe that it stands unrivalled, Very frequently the pain of the decayed tooth and the neuralgia are experienced at the same time. If now gelseminum be given it will generally cure the neuralgia, but leave the toothache unaffected. This of course is an advantage by no means to be despised, for neuralgia is usually a much more obstinate complaint than toothache. Ten-drop doses of the tincture may be taken every hour for three or four hours.

Another excellent remedy for neuralgia arising from a decayed tooth is croton chloral. It should be given dissolved in water in five grain doses every four hours.

When toothache resists every other means of tr

we may have to resort to a hypodermic injection of morphia, but this is seldom necessary.—*Dentists' Circular.*

Relief of the Pain of Cancer.—M. Angen (*Union Med.*) prescribes a lotion of one part of sulphate of atropia to one thousand parts of distilled water. Compresses wetted with this solution are applied to the painful part and covered with oiled silk or gutta percha, renewing them three or four times daily. They give material relief to pain without causing symptoms of absorption, such as dilatation of pupils or dryness of throat. The action seems to be entirely local, consisting in contraction of the vessels with diminution of sensibility. —*Med. Times and Gazette.*

Transverse Fracture of the Two Patellæ.—Simultaneous transverse fracture of the two patellæ caused by muscular contraction is rare enough to deserve notice. Such a case entered the service of M. Pallailon, of the Hotel Dieu, recently. A young man, who was neither scrofulous nor addicted to alcohol, æt. 22, was playing at leap-frog, and was about to take the jump when he stopped suddenly, his limbs bending involuntarily under him; at the same time he heard a distinct sound of snapping. He was carried to the hospital where it was discovered that the two patellæ were fractured, a space of nearly an inch separating the fragments. At the same time considerable effusion was present in the joints. The fragments being brought together as well as possible by means of sticking plaster, fifteen days sufficed for union to commence, and in three weeks afterwards all the apparatus was taken off.—*Med. Times and Gazette.*

Billroth—Cancer of the Stomach.—The latest news from Vienna is that all the five cases of exsection of the

pylorus performed by Billroth and his pupils are dead, except the last, which was reported two weeks ago as executed by Wolford. Death was due, not to the consequences of the operation, but to a recurrence of the cancer in another part of the abdominal cavity.—*Louisville Med. News.*

JABORANDI FOR STIMULATING THE GROWTH OF HAIR.—The *Union Pharmaceutique* last year published a note to the effect that a German physician had been struck with the curious production of hair in places where he had applied pilocarpine in hypodermic injection. A pharmacist having read that note, writes to say that he has found a mixture of tincture of cinchona and arsenic in which jaborandi leaves have been macerated produce excellent results.

TREATMENT OF GOITRE BY CHLORIDE OF AMMONIUM.—Dr. Stevens has treated seven cases of goitre successfully by means of chloride of ammonium, in the dose of three grains thrice daily. Six young girls and a married woman of forty comprised the patients, and the duration of treatment was two or three months.—*Druggists' Circular.*

The *Medical Registration Law* in Alabama is said (*Independent Practitioner*) to be wonderfully well enforced Of ten candidates for diplomas who came before the Examining Board at Huntsville, nine were rejected. The county societies have also the power to enforce preliminary examinations of persons desiring to study medicine.

OLEATE OF ZINC IN ECZEMA.—Dr. Sawyer records his testimony in favor of the efficacy of the ointment of oleate of zinc in the treatment of eczema. He has used the remedy for nearly six months, in a large number of cases arising in hospital and private practice. The author has always used the oleate of zinc made into an ointment, either with vaseline or with lard. The preparation with vaseline he has employed in private practice, and that with lard, on account of its comparative cheapness, for hospital patients. Vaseline is preferable to lard, because it is not so liable to change. Lard sometimes disagrees with the skin. The oleate of zinc is serviceable in the treatment of eczema capitis of children.—*Jour. Mat. Med., April.*

LOSS OF THE SENSE OF SMELL THROUGH OVER-STIMULATION.

The sense of smell is very easily lessened, and may be wholly lost, through excessive stimulation. In a recent lecture, Dr. Julius Althaus gives some curious examples quoted in the *Medical and Surgical Reporter.*

It is related of Marshal Richeliue that he habitually lived in an atmosphere of the strongest scents, which made his visitors quite ill, while he was himself ultimately quite unaware of them. Scavengers, dustmen, and tallow boilers become after a time insensible to the disgusting odors surrounding them, anatomists to the smell of the dissecting room, and patients suffering from cancer to the emanations from their sores. But even true anosmia, or insensibility to *any* odorous substances, may thus be produced. Graves has recorded the case of a captain, who, in the Irish rebellion of 1798, had to superintend the work of emptying out an old cesspool which was filled with the offscourings of the market and all manner of filth, and on the bottom of which five hundred pikes were reported to have been concealed, and were actually discovered. He was all this time exposed to most abominable effluvia, and

suffered greatly from the stench. Next day he found that he had entirely lost his smell, and thirty-six years afterward, when Graves examined him, the anosmia still persisted. A similar thing happened to a surgeon at Bremen, in Germany, who had to make the post-mortem examination of an archbishop who had died of cancer of the stomach. The fearful emanations arising from the body of this dignitary of the church destroyed the surgeon's smell for life.

THE DIAGNOSTIC IMPORTANCE OF ODORS.

In a recent lecture Dr. Julius Althaus, of London, says:

I must say a few words on the *diagnostic importance* of certain smells in the sick room, which was formerly much insisted upon; indeed, whole treatises have been written on the recognition of disease by sniffing. Dr. Heim, who was the popular physician of the day at Berlin some fifty years ago, recognized measles, scarlet fever, and small pox by their peculiar smell on first entering a house, and before having seen the patient. Mr. Bernard, of Upton Park, has recently recorded in the *Lancet* two cases of small pox in which the patients themselves perceived a dreadful smell, apparently just at the moment of being exposed to contagion; and one of them when suffering from the eruption, said that his perspiration had the same smell as that which made him sick before. When attending Skoda's clinique in Vienna, twenty-five years ago, I noticed that this celebrated teacher was in the habit of sniffing when approaching the bedside of patients suffering from the last stages of pneumonia, phthisis, typhoid fever, etc., and he would give a bad prognosis when he perceived what he called the "cadaverous smell." Mr. Crompton, of Birmingham, has noticed a peculiar earthy smell from the body a week or a fortnight before de: which, he says, has never deceived him—an appi illustration of the saying, "Earth to earth."

distinguished typhus and typhoid fevers by the sanguineous (others called it "mousy") smell of the former. Prof. Parkes has noticed a peculiar odor in the skin of cholera patients. A pungent smell in the chamber of a lying-in woman shows that lacteal secretion is well established, while an ammoniacal smell has been said to indicate the approach of puerperal fever. Many women emit a peculiar odor while menstruating, which resembles a mixture of blood and chloroform, and this is believed to arise not so much from the discharge, as from the more pungent character of the sweat secreted in the axilla. Persons of costive habit have a fecal smell; and this is also often noticed in hypochondriacs and lunatics. In uræmia, whether owing to kidney disease or to severe retention of the urine, a urinous odor is emitted by the body, and the presence of pus in some part of the body has been recognized by a peculiar warm, milky smell of the patient.

Apart from the odor of the sick room and the body generally, the smell of the sputa, urine, fæces, sweat, ulcers, etc., was carefully noted by the older practitioners and utilized for prognosis and treatment. Unquestionably there was much that was fanciful in such ideas; but occupied as we are at present with the study of more precise and definite symptoms we have perhaps gone to the other extreme in neglecting such signs altogether. Everybody has his own special odor, and this varies according to the circumstances of life, the food taken, and the state of health in which he happens to be. That it should be altered in disease, and that special diseases should have special odors, is only what one would expect; yet the increase of cleanliness and ventilation has no doubt done away with a large variety of smells which formerly used to assail the nostrils of the physician.

Obstetrics.

SUBINVOLUTION OF THE UTERUS AND NEURASTHENIA.

BY J. S. GREENE, M. D., DORCHESTER.

The chief purpose of this paper is to invite attention to the importance of neurasthenia as a factor in the production of subinvolution of the uterus. While malnutrition is often associated with neurasthenia, so that the two conditions are to each other as both cause and effect, I think that the priority of causative influence belongs to neurasthenia. Neurasthenia and subinvolution are often seen together without any evidence of malnutrition, but never are malnutrition and subinvolution combined without very manifest tokens of neurasthenia. If instances of enlarged womb are found associated with laceration or inflammation, it by no means follows that the enlargement is due to the presence of either of these lesions, nor, indeed, that the enlargement is subinvolution at all.

The cases I have chosen in illustration of the subject are typical. They all belong to the best class of our countrywomen in respect of mental endowments and strength of character. All have the brunette complexion, with dark eyes and hair, and present the traits usually associated with the nervous temperament. All had had a plurality of children, and were not far from thirty years of age when they came under treatment. All sought professional aid, not for pelvic distresses nor for any sus-

pected uterine ailment, but for persistent debility, symptoms of physical or mental exhaustion, or both, associated with a variety of nervous disturbances. All were alike wholly free from any trace of laceration of cervix or perinæum, and from any marked atony or relaxation of the walls of the vagina, bladder, or rectum, in fact important as evidence against the idea that excessive or premature bodily exertion had any direct or mechanical influence on the pelvic organs.

Case 1. Mrs. A., mother of three children, from early girlhood had suffered from a variety of nervous pains. These, in part affecting the stomach, had simulated dyspepsia. Sometimes she went almost without food for two or three days. Her pregnancies were exceptions, for then she always ate heartily. Nothing unusual marked her experience at or immediately after last confinement, but for many months, both before and after, she shared with her husband the burden of financial anxieties. It was not until a year later, and after much watching over serious sickness in the family, and eating less than ever, that a convulsive fit occurred; violent and distressing palpitation of the heart followed, with feelings as of impending suffocation, and her strength totally collapsed. Four or five months of extreme nervous exhaustion followed, during which time she was intolerant of noise, of food, incapable of any excitement or effort, obtaining sleep chiefly by chloral. She then placed herself under my charge. At this time her weight was less than 100 pounds, its former average being about 115. The diagnosis was chronic neurasthenia as the primary trouble, with malnutrition (starvation, in fact), present as one result, subinvolution as another. The uterine cavity measured at least nine centimeters. Having taught her to gratify the cravings of appetite for wholesome, generous food, it was not many weeks before a weight of 130 pounds testified to the absence of malnutrition. Restoration of mus-

cular tone and strength; but nerve power, steadiness and trustworthiness of nerve function were withholden.

This is the point to take note of, for this is what happens again and again in subinvolution arising from neurasthenia. Either subinvolution reacts, and from being a consequence becomes a cause of neurasthenia; or subinvolution, as a uterine ailment, by virtue of its power to perturb the nerves and simulate other disorders, gives rise to pseudo-neurasthenia, differing from the real in being not constant, but capricious and variable. Perhaps both forms occur, and combine in different individuals in varying proportions. Certainly a very attentive study of the individual patient is often needed to secure the solution of doubts, and the removal of perplexities having important bearings upon treatment, and one's judgment upon the requirements of a case is liable to frequent need of revision.

What is certain from more than five years' observation of the case of Mrs. A., is this: That after good nutrition and fair muscular strength had been restored, an appearance of chronic neurasthenia continued, varying in degree of severity, however, very nearly in proportion to the degree of intensity of the uterine engorgement and catarrh. According as the local condition improved under local treatment, the patient's power to do became more continuous, and her perturbations of nerve force became less trying. And further, when all appreciable endometritis had been removed, the engorgement very much lessened, and the uterus comfortably sustained at its natural elevation, by the aid of a high-reaching pessary, there still remained, on the one hand, a liability to depressions and disturbances of nerve influence, such, for example, as several successive nights of utter sleeplessness, or sudden invasions of general nervous weakness, and, on the other hand, recurrences or exacerbations of uterine catarrh and engorgement; and the tide of general nerve unt
worthiness was always tolerably synchronous w
and flow of local disorder. Only as the basic l

uterine enlargement, at last and radically diminished under a more vigorous and persistent local treatment, has normal, uniform, and continuous capability of energy and tranquility been possible. It is several months since Mrs. A. has been released from professional care, and she remains in thoroughly good health. Her uterine cavity now has a depth of sixty-nine millimetres, a measurement which represents a cure of the subinvolution.

Case 2. Mrs. B. had no previous history of neurasthenia, and of uterine disorder only an inconsiderable experience, following a miscarriage which occurred between the two completed pregnancies. When two months advanced in her latest pregnancy, she experienced the shock and grief of a sudden and great bereavement, but maintained throughout the remainder of her term her accustomed cheerfulness and calm. The prolonged exercise of will to control or put aside natural emotion doubtless involved a heavy strain upon her nerve power. No unusual experience attended, or immediately followed, her lying in. After a few weeks, however, feelings of mental depression began to grow upon her. A year and a half after confinement she underwent more domestic experiences of a very trying nature, and also suffered some shock by the breaking of a cord of a hammock. Finally she began to show a disposition to faint; and a fainting attack in a theatre was the immediate cause of her placing herself under my professional care, two years after confinement. The womb was found to be retroverted; and its replacement removed the only pelvic discomforts which she had experienced. It was also deeply congested tender, and harder than normal. Its cavity measured ten centimetres in depth, and was filled with very tenacious, transparent mucus, and was easily made to bleed. The vagina was deeply injected and the hæmorrhoidal vessels swollen with blood. Accompanying this local condition were symptoms of disordered, one might almost say; collapsed, innervation, affecting almost every important organ

and function. The emotions were not always under control of the will; sleep was uncertain; paroxysms of dyspnœa sometimes occurred. The circulatory system was disturbed; the heart's action weak and frequent. There was total disrelish for food, and constipation. She was unable to apply her mind to reading, or her hands to any employment. Attempts at these or at walking, were followed by increased prostration. Notwithstanding this extreme state of neurasthenia, there were no visible signs of impaired nutrition. Face and figure remained full, and weight was probably undiminished. Treatment begun 16 months ago. During last six months patient has resumed much of her former activity. The only recognizable deviation from the normal state of the uterus is its size, for the subinvolution is not cured. Associated with this, and, as I believe now chiefly dependant upon it, is a liability to occasional nervous perturbations, and an uncertainty and capriciousness in the display of nerve power, of which power I think she has now regained a moderate reserve supply.

Case 3. Mrs. C. is an example of subinvolution arising solely from neurasthenia of constitutional origin. Had always been delicate, and during her first two pregnancies had been greatly restricted in her capacity of effort, but during the whole course of her third and latest pregnancy debility was so profound as to excite anxiety. All possible means were used for invigoration, including frequent feedings, massage, and the withdrawal of all care, yet she remained a nine months' prisoner to her bed, totally unable to exercise either mental or bodily power. So extreme was the nervous exhaustion that she could not bear the prolonged presence in her room of her dearest friends without harmful effects. Normal labor of two hours' duration took place Sept., 1879, terminating in the birth of a healthy female child. The utmost care was used to guide the patient safely through her puerperal convalescence, to reinvigorate her, and at the same time to res-

train her from any premature exertion. Trusting to these precautions and to the absence of all suspicious symptoms, no uterine examination was made for nine months after confinement. It was proposed because it was found that with every advantage the patient still remained weaker than was reasonably to be expected, and that she began to experience nervous feelings, which she could scarcely control. The uterus was found inclined towards retroversion, somewhat engorged, patulous, and catarrhal, and with a depth of eight centimetres, indicating a grade of subinvolution, when the patient's natural delicacy of organization is considered, quite sufficient to produce and perpetuate debility and nervousness.

Eighteen months have now elapsed since her confinement, and she has at last regained a near approximation to her earlier standard of strength and efficiency, and is not nervous except for reasonable cause. The uterus is very nearly healthy, and has a depth of seven centimetres.

CASE 4. Mrs. D., Oct., 1876, when her fifth child was three weeks old, she arose from bed, and began a long and devoted attendance upon a member of her family, whose illness resulted fatally four months later. This double strain upon mind and body was attended by menstrual derangements and pelvic sufferings, and was followed by profound prostration of all her energies. The presence of subinvolution was recognized by her physician. Eight weeks of repose was succeeded by six months of active, congenial, out-of-door life, and she returned home, to appearance, wholly reinvigorated, with pelvic symptoms gone. Soon she began to be annoyed by persistent general pruritus, later, by distressingly severe headaches, and by a sense of returning debility. The uterine cavity measured eight and a half centimetres. The use of the probe caused pain and bleeding. Form and position of uterus normal. Some sensitiveness of the body of the womb and of the left broad ligament, which latter was somewhat thickened. This tenderness was subsequently increased

by too violent horseback exercise, and by imprudence in lifting. Local treatment entered upon in July, 1878, and continued over a period of rather more than a year, with an interruption in the spring, occasioned by a brief absence of patient in a trip to Europe. About the middle of August, 1879, the menstrual flow came on with unusual and startling copiousness. After this occurrence treatment was discontinued, the womb having regained a sufficiently healthy condition, and a calibre of scarcely more than seven centimetres. Another very abundant catamenial flow occurred in September, and thence dated her sixth pregnancy. There was some adhesion of the membranes, and the lochia were not quite normal. Quinine and ergot and hot vaginal lavements were used, the stay in bed was prolonged, and the first effort permitted was carriage exercise. Progress was delayed by an attack of severe abdominal colic, from indigestion, on the 13th day after delivery. At the end of five weeks the uterine cavity still measured 81 1-2 millimetres. At the end of *nine* weeks the second measurement was made, and indicated 69 millimetres. The patient supplied her infant in part from the breast and has since remained in good health.

I have reported the foregoing selected cases to emphasize the importance of watching closely all the symptoms in puerperal patients which may be connected with checked involution; of watching these with peculiar solicitude in those patients who may be constitutionally inclined towards neurasthenia, or in those who, not being especially so inclined, have undergone any unusual mental trial or nervous shock; the importance, further, of determining the question by actual measurements, when the *general condition* of the patient presents room for a reasonable doubt, even though the usually accepted local indications, derived from the course of the lochial discharge, etc., be wholly reassuring; the importance, finally, of retaining the full responsibility of *accoucheur* until the vitally im-

portant process of involution in each case committed to the physician's charge shall be, in his judgment, successfully completed.—*Boston M. & S. Jour.* Aug. 11.

INFLUENCE OF STRANGE SIGHTS ON PREGNANCY.

Already much has been written on "the influence of strange sights on pregnancy," and I propose contributing one article, touching a very striking case of that kind. Some years ago, about 1868, I was requested to see a child teething, and while talking with the mother about the child's condition my attention was directed to one of the little fellow's eyes, the mother remarking the while that "about one-half of that eye is darker than the other half, and always has been since I first noticed the color of his eyes." His were dark enough to be called black. On close inspection, I found that the eye resembled an eclipse so closely that the impression at once entered my mind that probably the mother had been looking at the sun during an eclipse, and upon inquiry, elicited the fact she had looked long at an eclipse of the sun during the early months of utero-gestation. It was a complete fac-simile; the line of disk of the eclipse being perfect and smooth. I may add, it was not discernable at about the distance of one yard from the eye, and did not extend outside of the colored part of eye.—J. G., M. D., in the *Brief.*

A SIGN OF OBSTRUCTED LABOR.

From the Canada *Medical Journal* we condense: "Dr. L. Bandt, of Vienna, has recognized, by inspection of the abdomen during labor, in those cases where there exists an abnormal obstacle to the expulsion of the child, such as contracted pelvis, mal-position of the child, etc., a *dis-*

tinct transverse furrow, which appears on the abdomen, midway between the umbilicus and pubes, just at the junction of the cervix and body of the uterus. This furrow is produced by the wedging in of the cervix into the brim of the pelvis by the presenting part of the concomitant, fruitless, concentrive contractions of the uterine body. He has seen this furrow also in several cases where there was an excessive obliquity of the pelvis and consequent anteversion of the uterus, a condition simulating in its influence on the progress of labor the minor degrees of contracted pelvis.

SORE NIPPLES.

When cracked nipples are not caused by constitutional disease, they should be freely washed with tincture of benzoin. Under this treatment they will generally heal in from five to ten days. The benzoin forms a varnish over the surface of the cracks, and this protects them during the act of nursing. The great advantage of the treatment is, that it in no wise interferes with lactation.—*E. M. Journal, St. Louis.*

A REMARKABLE case of early maturity in the person of a girl but *nine* years of age giving birth to an infant, and weighing seven pounds! The case is recorded by Henry Dodd, M. R. C. S., in the *London Lancet*, for April, 1881.

Correspondence.

THE QUESTION AND THE ANSW'ER.

In your August number you cite the *Coward's Clause* recently adopted by the *American Medical Association*, which you say "was an unconcealed attack on the University of Michigan."

You then continue:—"Now the question is, what will the University of Michigan do in the premises? Will they abandon their medical department, exclude the homœopaths, or ignore the code? Of course they cannot do the first or second, and will be compelled to do the last."

Your conclusion would, on the face of it, be deemed logical by ninety-nine in a hundred readers, and yet it is wholly wrong.

You present a three-horned *di*lemma, and as that is an Irish bull, let me say a *tri*lemma.

Primus:—Abandon their medical department. Never; it furnishes a living to professors, "passing rich," at $2.200 a year.

Secundus:—Exclude the homœopaths. Alas! that can't be done, for the people have said "the homœopaths came to stay."

Tertius:—Ignore the code. Ah, no! That would place the "regular" faculty under the ban, deplete the benches, stop the mill, and put an end to the annual salary.

Here are obstacles insuperable; obstacles before which Richard the lion-hearted would quail!

Now, your lion is a noble animal, but your reynard the fox sees *his* way clearly—and here it is:

IGNORE THE HOMŒOPATHS!

Sublime conception; can it be done? It *is* done, and thus:

"The Department of Medicine and Surgery is distinct in its organization from every other department of the University, and *under the regulations established by the Regents*, the Professors are not required to take any part in conducting the examinations of other students, or in recommending them for graduation, or in signing their certificates or diplomas."

The italics are my own, but all the rest of this barefaced assertion is quoted faithfully, not from any secret circular, but from page 12, of "The Annual Announcement of the Department of Medicine and Surgery of the University of Michigan for 1881-82, Ann Arbor: Published by the University."

As homœpathic matriculates of the University of Michigan have to study anatomy, physiology, general chemistry, physiological chemistry, microscopy, and obstetrics under Professors who "are not required to take any part in conducting the examinations of other students," you can see in what an abject position this unrighteous *discrimination between matriculates* of the University of Michigan places the "homœopathic" student. Yet we are told such a discrimination is authorized "under the regulations established by the Regents."

If any evidence of the power of the American Medical Association is needed, surely we have it in its ability to make the Board of Regents of our sovereign State serve

its nefarious purpose, and violate their oath of office in this shameless manner.

Any honest man will find it difficult to believe that the University of Michigan is capable of issuing a false promise, or of making a contract which she really intends not to fulfill; yet this is being done as I will now show.

"The Seventh Annual Announcement of the Homœopathic Medical College of the University of Michigan for 1881-82. Ann Arbor: Published by the University," contains the following on page 11:—

"In anatomy, obstetrics, physiology, general chemistry, histology, zoology, physics, electro-therapeutics, clinical analysis and toxicology instruction will be given by the Professors of the department of medicine and surgery. While in attendance upon these lectures and demonstrations *students of this college* ARE ENTITLED TO ALL THE PRIVILEGES ACCORDED TO STUDENTS OF SAID DEPARTMENT."

The italics and "small caps" are not in the original, all else is.

This gives the reader to understand that students of both schools have like privileges, that they fare alike, are treated alike, have like examinations, and receive like certificates; all of which both the homœopathic faculty and the homœopathic matriculates *know is not the case.*

It is simply a false promise deliberately and knowingly made by the homœopathic faculty when issuing the annual announcement; it allures the intending matriculate with promises that are not kept; promises which, as the old school announcement openly declares "the Professors are not required" to make good "under the regulations established by the Regents."

This is a foul blot on the escutcheon of the University of Michigan.

I know whereof I write, and I write in heaviness of

heart. I challenge contradiction, having the absolute truth with me. I tell the truth thus plainly in the hope that this foul wrong may be corrected.

The homœopathic faculty cannot correct it. An inflexible demand that the homœopathic *minority* in the University shall have all its rights to the very dot over an *i*, is to make him who so demands *sit insecurely in his chair*—EXPERTO CREDE!

Something must be *done*. The people of Michigan mean right and justice, and their intent is thwarted in obedience to the behest of the American Medical Association.

Everything is now designed to discourage the matriculation of homœopathic students, and when a small class of homœopathic students gives the color of an excuse the college will be closed, *and the trial of homœopathy in the University of Michigan pronounced a failure*

Then all action on the part of our school will be too late. The position is too important to be allowed to go by default, or to be forfeited by the trade jealousy of rival colleges. Here the conflict is face to face and hand to hand with old physic *in its decrepitude*. In its rage it even dares to pronounce anathemas which are an insult to the spirit of the age; and shall our supineness allow *such* anathemas to become operative? *They can get strength only from our weakness!*

By all that is true in homœopathy, I appeal to every homœopath to stand closely by the Ann Arbor College. Give it an earnest support. It has most desirable opportunities, and the *trade value of a large class* (for *that* is recognized by even a Board of Regents) will enable every homœopathic student to reap their full benefit without sacrificing one fraction of his manhood, as he is now obliged to do.

With the influence which comes from large classes, the college can command the best teaching ability in the land —there will be no place for a "Professor" who is only known as such by the accident of his sitting in a "Chair;" for *things* will get misplaced in even a well-regulated University.

Reader, as *you* value the truth, give these things a thought. S. A. JONES.

ANN ARBOR, Sept. 3d.

PERSONAL AND GENERAL ITEMS.

W. N. DUNHAM, M. D., has located at Kentland, Ind.

ANYONE having an extra copy of the last April (No. 4) COURIER, will confer a favor by sending it to the managing editor.

DR. W. B. MORGAN has reopened an office in North St. Louis, at the northeast corner of Grand and Penrose avenues. Consultation hours until 9 a. m., 1 to 3 and 7 to 8 p. m.

Book Notices.

MATERIA MEDICA AND THERAPEUTICS, ARRANGED UPON A PHYSIOLOGICAL AND PATHOLOGICAL BASIS. By Charles J. Hemple, M. D. Third edition. Revised by the author and greatly enlarged by the addition of many new and valuable remedies, clinical contributions, &c. By H. R. Arndt, M. D. Two royal octavo volumes. W. A. Chatterton, 83 and 85 Fifth avenue, Chicago, publishers.

Medical students may safely be credited with a highly critical judgement as regards the value of a text book on medicine or the qualifications of a teacher or professor in a medical college. We are inclined to believe indeed that the student is a more competent judge in these matters than the average practitioner.

It is only rational to suppose that the student knows actually from his practical necessities what book or teacher on a given subject affords him the most information at the least outlay of time and study.

Composed of men and women in the first flush of educational maturity with self-trained minds actively alive to their own interests, we know of no tribunal more thoroughly competent to sum up and render decision on the comparative merits of medical authorities than a class of medical students.

Weighed by such a tribunal, Hemple's Materia Medica always has and always will be one of the most popular text books on materia medica.

Full enough to be complete, from a pathological and physiological stand point, and not so full as to be prolix, with a thorough history, pathogenetic, toxicological and therapeutic, of each remedy, it is one of the most read-

able and instructive books that has ever been printed in the homœopathic school. We remember reading and re-reading many years ago the first edition with a fascination equal to that of perusing a novel, and the present edition has not lost any of the charm, but has, as stated on the title page, been greatly enriched and enlarged.

It is in fact a work on materia medica, and as such is a necessity to the student and practitioner, before an intelligent understanding of the many works on symptomatology can be arrived at. We cannot understand why authors of books on symptomatology persist in calling their productions works on materia medica.

The two subjects are no more alike than a spelling-book and a reader, and by the way, the illustration suggests that it is as necessary to learn materia medica before you begin the study of symptomatology as it is to learn to spell before you commence to learn to read.

We have not a single unfavorable comment or criticism to offer on this book. The great ability, learning and experience as an author of the lamented Hemple are guarantees that his part of the work is well done.

As to the reviser and editor, Dr. H. R. Arndt, he seems to have performed his duty faithfully and well; this coupled with the fine paper, typography, and press work, makes these two magnificent volumes indispensible to any homœopathic physician's library.

W. C. R.

The Homœopathic Courier.

VOL. II. OCTOBER, 1881. No. 4.

Theory and Practice.

THE INTERNATIONAL HOMŒOPATHIC CONVENTION.

The following report of the Homœopathic Convention, held in London, July 11th-18th, is condensed from the British journals, the *World* and the *Review*. As both of these journals speak enthusiastically of it, we may conclude that their accounts of its proceedings are fair and unbiassed. The *World* says: "Rarely has it fallen to our lot to chronicle such a complete success." The *Review* says: "This important meeting, which has been anticipated for so long by many of us, the preparations for which have occupied so much of the time and thought of some, is now an event of the past. Happily, the retrospect it affords is one of undiluted, of unalloyed pleasure. * * * From a scientific point of view especially, the meeting was a success of a high order." Whether or not these tributes are merited, our readers can judge from the following extracts of the Convention's *work*.

The business part of the Convention commenced its sessions Monday, July 11th, by the address of Dr. Hughes, the President. After a touching reference to the life and character of the late Carroll Dunham, he also noticed the deaths of Drs. Quinn, Nunez, Hering, Hempel, Grauvogel and Jahr, all occurring in the last five years. He then described the arrangements which had been made for securing papers and for facilitating discussion, and passed to the consideration of the objects aimed at in holding these meetings. These, he said, were—

First, The consideration of the best plans for propagating the method of Hahnemann. He urged that homœopathy was a method, and not a doctrine or system. Hahnemann had his theories, pathological, such as psora; physiological, such as dynamization; but there was no such thing as homœopathic pathology, no such thing as homœopathic physiology. He then considered the leading features of homœopathy—the principle, the dose, the single medicine—describing these as, collectively, the method bequeathed us by Hahnemann. He then vindicated the liberty of the physician who practiced homœopathy in the use of such measures as appeared to him to be best adapted to the individual case before him; arguing, at the same time, that departure from homœopathic prescribing was a grave responsibility—a responsibility that ought to be assumed only after a full conviction of its necessity.

Secondly, The Convention had in view the development of homœopathy.

Thirdly, The Convention would, it was hoped, have a powerful influence in cementing in friendly union the physicians practicing homœopathy in various parts of the world.

Dr. Pope was elected Vice-President; Drs. Talbot, Boston; Breyfogle, Louisville; Meyhoffer, Nice, and Drysdale, Liverpool, were elected Honorary Vice-Presidents. Then followed reports on the history of homœopathy in different parts of the world during the last five years; reports being presented by Dr. Martiny, for Belgium; by Drs. Logan and Nichol, for Canada; by Dr. Allan M. King, for the provinces of New Brunswick and Nova Scotia; by Dr. Claude, for France; in absence of Dr. Goullon, Jr., Dr. Dudgeon reported for Germany; Dr. Pope reported for Great Britain and the Colonies; Dr. Sircar, of Calcutta, reported the progress of homœopathy in India; Dr. Bernard Arnulphy reported for Italy. Dr. Bojanus, of St. Petersburg, opened his interesting account of homœopathy in Russia, with a notice of the report made to the late Emperor by military medical officers. The number of homœopathic physicians in Russia is about 200. Scant literature. Dr. Lloyd Tuckey spoke for Spain. The chief event in the last five years was the opening of the homœopathic hospital in Madrid. The Hahnemannian Society is very prosperous, and the journal *El Criterio Medico* has been enlarged. For the United States, the *diffident* Dr.

Talbot reported 6,000 physicians [to whom only 1,000 copies of HAHNEMANN'S ORGANON have been sold !—Ed], 26 organized State societies, over 100 local societies, 38 hospitals, 40 dispensaries, 11 medical colleges, and 17 journals.

After these reports had been made, a discussion ensued on "the condition and prospects of homœopathy at the present time, and the best means of furthering its cause."

This problem was solved by Drs. Talbot, Claude, Dudgeon, De Gersdorff, Bushrod, James, Pope, Leon Simon and others.

One gentleman—well known as an eclectic—exclaimed: "Give me (!) the *young* men to instruct, and I will guarantee the future of homœopathy." Can Punch or Puck beat *that?* Suppose Cataline had exclaimed: "Give *me* the *young* men of Rome to teach, and I will guarantee her future!"

The following subjects were discussed. We can only give abstracts. (From the *Review*).

Thoughts on the Scientific Application of the Principles of Homœopathy in Practice.

THOMAS HAYLE, M. D., Edin., of Rochdale.

Dr. Hayle commenced his paper by dwelling upon the importance of facts as distinguished from speculations, arguing that it was from rash speculations and reckless experiments that much of the evil that had resulted from the use of drugs in the past had accrued. Referring to the effect produced on Hahnemann by his reflections on the practice of medicine, and his resolution not to terminate his train of thought until he had arrived at a definite conclusion, he describes it as "a frame of mind of which it may be asserted, as an everlasting truth, that those who seek shall find, and that unto them who knock it shall be opened."

Briefly noticing the circumstances which led Hahnemann to the assertion of the law of similars as the basis of drug selection, to the researches made by him confirming its truth, and to such as have since been made, he points to them as having established Hahnemann's discovery beyond question.

Noticing Hahnemann's sole reliance upon symptoms and their most minute surroundings, with the result of setting

them forth in a schema which was artificial, he proceeded to consider, from an historical point of view, the infinitesimal dose, describing it as a discovery as brilliant as any in the annals of medicine, and one to which the law was a step. Of the reception of homœopathy among its adherents, he said, the great majority materialized its teachings; their habits and instincts led them to compromise—they preferred the lower attenuations, often giving the crude material. Another branch of homœopathists out-Hahnemanned Hahnemann—he gave thirtieths, they gave millionths. He observed positions, aspects and the weather, and they attended to the most minute particulars and circumstances. That which Hahnemann did from necessity they do from choice. The resources of pathology were not open to him, and he was therefore compelled to find his similar in a very roundabout way. Symptom covering was his only resource.

Encumbered as it has been, the achievements of homœopathy have been great; but what may not be expected when science has cleared away the impediments, and has revealed the essentials in their unadulterated beauty, when we shall have ascertained the nature, extent and limits of the law, and the essence and relative importance of the symptoms!

Dr. Hayle then passed to a consideration of a rational theory of medicinal action. * * *

Dr. Hayle then detailed a case where fever and pleuritic stitches were the result of exposure to a northeast wind, which was completely checked by one dose of *aconite* 30. The next day the patient was free from pain and fever, but weak. In explaining the mode of cure in this case, he says: "Medicinal action consists in a particular mode of motion, controlling and altering the mode of motion which is constantly going on in the different nerves. It does not alter the mode of motion that is going on, if healthy, that is synchronous with its own mode of motion; but whatever is amiss, out of gear, it restores to its normal action, and in fact, sets all right that is wrong." A large dose or low dilution not only acts on the diseased parts, but sets up morbid movements of its own, deranging the whole nervous tracts.

Comparing Stanley's account of his successful treatment of his marsh fever in Africa by large doses of *quinine* with those recorded in Ruckert's *Klinische Erfahrun-*

gen, where small doses were used, Dr. Hayle says that he believes that the cures wrought by the larger doses are more violent and less rapid, and more apt to return than those by smaller doses, which are accompanied with less struggle, as only the diseased parts are touched, while the healthy parts remain unaffected. In the smaller dose the vibrations are synchronous with the healthy parts, and only those which are out of gear are touched. In the other case the whole sphere of the medicine, that is, the sphere on which it acts, is abnormally and violently acted on.

In chronic cases, the vessels of the part are chronically dilated, and have lost their elasticity. Speedy relapse follows restoration by a single dose. This state of things is to be met by a skillful repetition of dose, and if the part is accessible by a typical stimulant, or by large doses, we should not give a second dose until the first has exhausted its action, and we should persevere with our medicine as long as it seems to do good. Alternations impede the action of the right medicine, and prevent the acquisition of experience. "The charioteer in the car of homœopathy," says Dr. Hayle, "always drives at least a pair of horses, but rarely well matched." * * *

Dr. Hayle concluded by advocating the remodeling of the materia medica, by arranging the symptoms in the order of their occurrence. The doses in which the drugs have produced them should be stated, and the effects of a change of dose upon the nature and order of symptoms should be ascertained. The causes, seat and nature of the symptoms should be analyzed.

To accomplish this end, Dr. Hayle proposes the formation of an experimental committee. By such work all attempts to include truth by including everything, even the unimportant and minute, would be unnecessary. Transitional and temporary aberrations would be merged in one uniform and scientific system of practice, which might admit of additions but not of change.

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*Generalization and Individualization.**

R. Hughes, L. R. C. P., Edin., of Brighton.

In opening his paper, Dr. Hughes spoke of the necessity of defining the word "likes." In doing so, he described

*Dr. Hughes's essay was well handled by Dr. Drysdale, who pointed out that generalization stood for pathology. To this Dr. Hughes was understood to assent.—*Hom. World.*

two classes of homœopathic practitioners, the one satisfied only when he can secure a drug which will produce the morbid state supposed to constitute the disease he is called upon to treat; while the other ignores disease for therapeutic purposes as a pathological state, and regards only sick persons. The totality of the symptoms is the sole guide to the simillimum, and if that is not attainable, reliance must be placed on the more peculiar symptoms. Dr. Hughes then proceeded to show, by quotations from *The Organon* and Hahnemann's *Lesser Writings*, that, while Hahnemann taught that for the multitudinous and divers forms of disorder which come before the physician, arising from common causes (atmospheric and such like), and having no permanent character, selection by totality of symptoms and treatment as individual maladies formed the best mode of proceeding, yet he ever recognized that there were a certain number of diseases of fixed type, acquiring this by origination from a specific (generally miasmatic) cause. To these he appropriated one or more specific remedies, as always applicable and usually indispensable. And, further, he considered it a positive gain when morbid states, hitherto regarded as individuals, could be referred to a common type and treated by remedies chosen from a definite group, instead of being made the subjects of an indiscriminate search through the materia medica.

From the evidence he adduced, showing that Hahnemann recognized certain specific forms of disease, which are always essentially the same, and always curable by the same remedy; that he divided miasmatic diseases into acute and chronic, and defined another class of diseases as specific fevers, each epidemic having fevers of its own, but all cases of each being amenable to the same specific remedy; that he asserted the value of the same remedy for the few diseases which have a constant character; and from the importance he attached to the facility afforded in prescribing by the recognition of the psoric origin of chronic disease; as well as from the fact that he acknowledged the curative power of *spongia* over goitre; of *bark* in endemic malarial fever; of *veratrum album* in the water colic of Lauenburg; of *aurum* in suicidal melancholia; of the prophylactic power of *belladonna* over scarlatina, and of *copper* over cholera. Dr. Hughes argued that Hahnemann was no mere individualizer, that he re-

sorted to this method only where other guidance failed him, that for him there were morbid species and specific medicines, and that he counted it real gain to reclaim forms of disease from the desert of symptomatology, to trace them to a common origin and connect them with certain remedies.

Having thus shown that pure individualizers were without authority, he argued that they had no foundation in reason. To obtain a group of allied remedies, generic and specific characters are necessary. Generalization must precede individualization. Further, by generalization we are able to utilize the experience of the past.

There are cases, Dr. Hughes urged, such as goitre and mumps, where we must all generalize exclusively ; others, such as nervous disorders, varieties of dyspepsia, and of defective nutrition, which cannot be conformed to any known type of disease, and here individualization is the only reasonable course. Between these two extreme poles there is an extensive zone of genuine morbid species, each requiring the allotment of a group of specific remedies to be differentiated in accordance with each variety and each case. Where, on the other hand, this is not possible, where the practitioner has to choose between a remedy producing symptoms similar to some of the peculiarities of the instance before him or to the type of disease of which the instance in question is a specimen, Dr. Hughes argued that it was of greater consequence to secure similarity to the pathological process itself than, to use Hahnemann's own words, "to some accidental concomitant circumstances which do not alter its essential character."

A New Simila.

A. W. Woodward, M. D., Chicago.

Dr. Woodward defined disease as a combined picture of pathological lesion, *plus* the special sympathetic disturbances attending it; necessitating a remedy, which is simillimum, not only to the local lesion, but to all the symptoms in the order of their relative importance. Our drug provings fail, he said, in giving the combination and subordination of the symptoms peculiar to and characteristic

of each drug, rendering us unable to estimate correctly the attending symptoms which govern the success of the remedy. A drug can only be radically curative when it presents a complete parallel to the totality of the disease symptoms. If it cures to-day and fails to-morrow in the same disease, it must be owing to differences existing, not in the local lesion itself, but in the epiphenomena which modify and present a favorable result, and to which the drug is not homœopathic. To obtain the knowledge necessary for prescribing in this manner, Dr. Woodward argued that provings must be made on the healthy by a single dose taken in sufficient quantity to produce disturbance of the entire economy. Dr. Woodward then adduced a series of provings of *arsenic*, *nux vomica*, *cinchona*, *veratrum album*, *aconite* and *belladonna*, which were brought forward to show (1st) That the same drug when taken in health, and in a single dose, will affect many persons in the same general manner, though the special symptoms will vary; (2d) That all medicines begin their action by excitement, either of the motor, the sensory, or the excretory functions; and that they divide themselves naturally into three groups or classes, according to the order in which their general functions are disturbed successively; (3d) That each drug, while exhibiting the general method of action belonging to its class, shows its individuality by the succession in which it disturbs the special organs and functions of the body, thus presenting a combination of symptoms peculiar to that drug alone.

In the proving of *arsenic* by three persons—two male and one female—the single dose was, in one case, three drops of the 1x, in a second, a grain and a half of the 1x trituration, and in the third, three grains of the 2x. An analysis of the provings showed that, while special symptoms varied, uniformity of physiological action was seen in the symptoms beginning with morbid sensations, and being followed by morbidly increased or altered secretions—with a final general disturbance of a febrile character. These provings are held to show that *arsenic* disturbs not only special organs, but the entire economy in one specific direction, and that these disturbances are cumulative. Its use then, clinically, must be governed, not alone by the local symptoms of disease, for they may belong to many drugs, but by the associated sympathetic disorders that must always characterize this remedy in any

disease. Thus, excluding the *locus morbi*, gastric symptoms always lead, cephalic are next in importance, and cutaneous, respiratory, spinal, renal and enteric each progressively decrease in importance, except when one of them becomes the leading feature as the seat of disease.

The new simila governing the use of *arsenic* in disease is, that whatever the disease may be called, the indications for this drug are invariable, and will be limited to only two conditions. 1st. That the sufferings and morbid excretions shall exceed the fever. 2d. That the chief sympathetic disorder must always be gastric, the second cephalic, the third cutaneous, etc. In this manner, Dr. Woodward examined the provings he had conducted of the medicines already named.

On the Alternation of Medicines.

Dr. Martiny, of Brussels, and Dr. Bernard, of Mons, Belgium.

The authors define alternation as the successive administration of two or more remedies which recur in turn in a regular order and at intervals sufficiently approximated, so that the duration of the action of the one drug may not be quite exhausted before another succeeds it.

This methodical alternation they consider constitutes an important step in practical progress.

In taking a retrospective view of the practice of alternation, they refer to Hahnemann, who, in the edition of the *Organon* published in 1810, admitted its necessity, because of the "insufficient number of remedies tried up to that time."

Hering, Gross, Rummel, Ægidi, Kœmpfer, Hirsch, Hartmann and Perry, are cited as supporting the alternation of medicines in the early history of homœopathy, and Teste, Jousset, Mouremans, Espanet and Van den Necker as doing so in later years.

The ideal of the practice of homœopathy, the finding of a remedy whose pathogenetic symptoms comprise the totality of the morbid symptoms, actual and antecedent, personal and hereditary, objective and subjective, is, they say, one bristling with difficulties—difficulties which have

led to the alternation of drugs. They doubt whether the progress of therapeutics will ever bring us exclusively and definitely to the simplicity, so seductive, and, in appearance at least, so much more logical, of the administration of one single remedy; and consider that so long as this ideal or even unrealizable perfection of the method is not attained, it is, from a clinical point of view, advantageous in ordinary practice to habitually alternate remedies two by two, or three by three, or even four by four, when two or three drugs are not sufficient to cover all the symptoms, or do not answer to all the causes of disease, both profound and occasional. For example, an acute pleurisy occurs in an emphysematous patient who has had hæmorrhoidal troubles:—*Aconite* will be alternated with *bryonia* and *arsenic;* and when the acute symptoms are calmed, we believe that to obtain a prompt and durable cure, we must give *bryonia* the first day, *arsenic* the second, *nux vom.* the third, and perhaps *sulphur* the fourth.

They then illustrate this method of prescribing by reports of a series of cases, in each of which several remedies were used either in alternation or succession.

In discussing the *modus agendi* of medicines thus prescribed, they argue, 1st, that sometimes they act as adjuvants, and instance *spongia* and *hepar* in croup, and *aconite* in acute inflammation, alternated with *belladona* or *mercurius*, etc.

2d. They act sometimes as correctives—as in cases where special susceptibilities to the action of certain medicines exist—as when *sulphur* cannot be taken singly; but when alternated with *nux* it does good, while the *nux vom* alone would be inefficacious.

3d. They think that sometimes alternated remedies seem to constitute a new medicinal means endowed with new properties, illustrating this by Dr. Kafka's experience, who says that he has cured chronic catarrhs of the stomach by alternating *nux vom.* and *calcarea* after having uselessly administered these two remedies singly.

4th. That under the influence of remedies of more or less different, sometimes even antidotal action, the remedy seems to react more briskly; the vitality seems to emerge from the torpor into which it appeared plunged.

They next proceed to consider the objections made to alternation.

1st. Alternations were condemned by Hahnemann.

2d. With alternation it becomes difficult or impossible to discuss the characteristic effects of each of the agents employed. The object of giving remedies being to cure and not to experiment, they regard this objection as having no weight.

3d. The alternation of medicine is nothing more or less than a disguised return to polypharmacy. This objection they assert is only a specious one. Polypharmacy means the simultaneous employment or mixture in one formula of several different substances, whilst the method advocated consists in the employment of single remedies at short intervals.

4th. The alternation of medicines, if elevated to a system, will simplify too much the practice of homœopathy; it will favor the laziness of medical men, and the usurpation of the art by outsiders.

The simplification of the practice of homœopathy, so far from being matter for regret should, they argue, be considered as a benefit.

5th. We can admit strictly the alternation of two medicines, but that is the extreme limit of the concession we can make to the partisans of alternation.

This objection they regard as specious, as, if it is admitted that two remedies may be alternated, there can be no valid reason why a greater number should not be used in succession.*

The President now resumed the chair, and a discussion on the Alternation of Remedies, opened by Dr. Clark, took place.

At its conclusion the following papers were presented:

Drug Attenuation: Its Influence upon Drug Matter and Drug Power.

JABEZ P. DAKE, M. A., M. D., Nashville.

Dr. Dake opened his paper by stating that the remedy to be employed in the combat with disease, upon whatever therapeutic principle or theory chosen, must be exhibited in proper form and quantity, to the end that its influence may be satisfactory. What then, he asks, is the effect of drug attenuation upon drug matter? What its effect upon drug power?

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* Excellent! Why not give the whole Mat. Med. in every case?

Drug attenuation is defined as the dimunition of a drug mass by division and subdivision and admixture with some neutral or non-medical substance as a menstruum or vehicle.

Viewing the question historically, he showed that Hahnemann adopted this method of dealing with drugs. 1st. To avoid aggravation of disease from too large a dose. 2d. To secure a thorough diffusion of drug particles. 3d. He claimed that through a better preparedness for absorption and an increased surface for contact increased power was obtained. 4th. A given dose of a homœopathic remedy was increased in power by the increased susceptibility to it produced by disease. 5th. In order to explain or account for the action of infinitesimals, Hahnemann broached the theory that medicine does not act atomically, but dynamically. 6th. Hahnemann conceived the idea that vigorous succussion and trituration effected a great unknown and undreamed of change by the development and liberation of the dynamic powers of the medicine.

Passing to the latter history of drug attenuation, Dr. Dake described Korsakoff's "dry contact potencies," putting one dry medicated globule in a bottle full of pure sugar pellets in order to medicate the whole; Jenichen's high potencies; those of Lehrman and Fincke—all of whom had, Dr. Dake observed, exceeded the utmost limits thought of by Hahnemann in the diminution of drug matter and development of drug power.

After noting the observations upon trituration of Segin and Mayhofer made with the microscope, those of Dr. Breyfogle made with chemical reagents, those of Professor Edwards Smith, Professor S. A. Jones, Dr. Lewis Sherman and Professor Conrad Wesselhœft with the microscope, those of Professor Wesselhœft with the spectroscope, and some of the teachings of analogy, which, Dr. Dake says, compel us to conclude that potent drug material may exist in attenuations, where every test save that of the living animal organism fails to detect its presence, he thence draws the inferences: 1st. That medicinal substances differ greatly in their cohesive property and divisibility. 2d. That some may be readily diffused in minute particles through a menstruum. 3d. That others are comminuted with great difficulty and slowly. 4th. That in the case of some metals the comminution is much more complete by chemical than by mechanical measures. 5th.

That in the decimal or centesimal scale the theoretical or mathematical rate of diminution in the size of the particles is very different from the actual. 6th. That by chemical reagents drug matter can be recognized in no decimal attenuation above the third; by the spectroscope, in none above the seventh; and by the microscope, in none above the eleventh or twelfth. 7th. That analogy warrants the belief in drug presence when not a particle of drug matter can be discerned by direct observation, inasmuch as impalpable and invisible material agents, as morbific causes, have often demonstrated their presence by their destructive influence upon the human organism. 8th. That all efforts must fail to attenuate drug matter beyond its ultimate molecule, the division of a molecule being a reduction of the substance into its elements, or the destruction of its identity. 9th. That according to the accepted theory of molecular magnitudes, the ultimate molecule must be reached in the twenty-third decimal attenuation, and that beyond that there must be a gradual dimunition in the number of molecules till all are gone. 10th. That neither direct observation, nor analogy, nor anything learned of the conditions and behavior of drug matter, can justify the inference that there is a single molecule of medicine in one grain of the thirtieth attenuation when faithfully made.

Dr. Dake then proceeded to consider the influence of attenuation upon the power of drugs.

In doing so, he noticed some of the leading theories which have been advanced upon the subject; and first, the earliest theory of Hahnemann, and that still entertained by many of his disciples, that drug power may be developed but not increased by the processes of attenuation. That the *potential* medicinal force of a given drug mass is in proportion to the number of its medicinal molecules, and its *actual* medicinal force in proportion to the number of its medical molecules made superficial or ready for an immediate contact with nerve tissue, or an immediate absorption and conveyance to its special field in the organism. That attenuation and trituration have for their ends simply the overcoming of cohesion in drug matter and comminution of drug particles.

2d. In later years Hahnemann inculcated not only the development but the great increase of drug power through attenuation. Korsakoff believed in the existence of a

drug aura; Lutze believed in animal magnetism being imparted by the hand to the dose employed.

Dr. Bachmann's theory and the recent neuranalytic experiments, and the hypotheses of Dr. Lawton were then considered.

In applying the physiological test to the question under discussion, Dr. Dake referred to Hahnemann's early provings, in which drug power was present beyond any question; to the experiments of Professor Conrad Wesselhœft, those of the Milwaukee Academy of Medicine, and to those of Dr. Sherman and Dr. Potter. From these he concluded that drugs are recognized in attenuations up to the 7th x by their effects upon the healthy human organism, while in the 8th x and 9th x their recognition is less certain.

Dr. Dake concludes his paper with an examination of clinical experience on drug power.

He points out in the first place, the large variety of influence, besides those pertaining to drugs, which may determine recovery. Conversions to high potency views have, he shows, often resulted from a single experience in using them, and this often after a lower attenuation has been in action, though not really fruitlessly for some days. He gives his personal experience on this point, showing that he was nearly led to place confidence in their preparation, because he observed the paroxysms of an intermittent fever suddenly stop after the administration of a single dose of *arsenic* 200, when he had been exhibiting the 6th and 30th with no apparent benefit. Another case, one of pneumonia, is reported, where, after giving *Bryon.* 3 x with little apparent benefit, a single dose of the 200th was followed by a great change for the better. Reflection, however, convinced him that the change was really due to the preparation which had been previously administered. Dr. Dake further argues, that not one of the cases reported in journals as cured with any high dilutions, furnishes a particle of satisfactory proof that there is medicinal power in attenuations above the thirtieth decimal.

Finally where homœopathy has gained her greatest victories, as in cholera and yellow fever, the battles have been fought almost entirely by means of the lower attenuations.

A Plea for a Standard Limit of Attenuated Doses.

C. WESSELHŒFT, M. D., Boston.

Dr. Wesselhœft, after some introductory remarks of a general character on the importance of the question of dose, gives a summary of recent researches that have been made on triturations and dilutions. These point to the fact that limits of minuteness to which particles of hard insoluble substances can be reduced are arrived at between the $\frac{1}{5748}$th and the $\frac{1}{1052}$th of a millimetre.

Dr. Wesselhœft, in discussing the molecular structure of matter, showed that, whereas in Hahnemann's time it was regarded as infinitely divisible, and that, consequently, homœopathists were on this basis right in proceeding to attenuations, however high, it had now been demonstrated that there was a limit beyond which molecular divisibility did not extend. He then proceeded to estimate, from the calculations and experiments of Sir William Thompson and Professor Clerk-Maxwell, that with the eleventh centesimal dilution, the number of molecules in a drop of liquid is exhausted. By a series of further calculations, he concludes that the supposition of transmission of molecular force, separated from the original medicine molecules, is untenable in the light of modern molecular science.

Dr. Wesselhœft then argued that the molecular constitution of matter demanded the omission from our statistics of all clinical results obtained with dilutions above the eleventh centesimal. With regard to the value of clinical experience in enabling us to estimate the best standard of dose, Dr. Wesselhœft contended that it is at present but slight, owing to the inadequacy of statistical materials. What is deemed clinical experience, consists, he says, of recorded cures, with the entire omission of opposite or negative results, which must be presumed to be large, and a decision will, therefore, be impossible until "experience" includes numerous and accurate statistics of negative as well as of positive results. Dr. Wesselhœft concludes by urging the limitation of the dose to attentuations below the eleventh centesimal. *

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* *The Homœopathic World* says of this discussion on the posological question:

"Speaking generally, the essays were all against infinitesimals, though no points were really made against them: and a perusal of the essays shows that the various essayists merely go over very old ground threshing empty straw by the way. Although the essays were *against* the infinitesimals, it soon became

The Question of Doses: Hahnemannism and Homœopathy.

DR. CRETIN, Paris, France.

Dr. Cretin opens his paper by asserting the therapeutic power of infinitesimal doses, but he demands that their degree of this power be ascertained by experiment alone.

He desires to inquire, 1st, What, for each drug, are the limits of its therapeutic action; at what stronger dose does its action commence; at what weaker dose, what attenuation does it cease? These limits being fixed, what is, in each case, the dose which shows itself the most efficacious, the strong, weak, or even the infinitesimal?

Dr. Cretin denies that there is any evidence of Hahnemann's having been led to the use of attenuation in consequence of aggravation from larger doses, but that he proceeded to them by analogies, by indication, by anticipating generalization, and also by studies. This he endeavors to make good by analyzing Hahnemann's pathological illustration of the law of similars in the *Organon*.

In the following two chapters he examines attenuations, dynamizations, and medicinal aggravations, and then the practice of Hahnemann. From thisn iquiry he concludes that Hahnemann has not established on any data, rational or experimental, either the necessity, the utility, or the action of the infinitesimal attenuations, and still less the aggravations, which, according to him, should be at once the proof of the condition and the product of their action.

The clinical aspect of the infinitesimal dose shows that the admission of its power rests upon an experimental

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evident that the great majority of those present have unabated confidence in them. Following in the wake of the opener, Dr. Burnett, of London, pointed out that the evidence in their favor was overwhelming, for a majority of the very best homœopathic physicians, from Hahnemann down, had lived and died in the firmest faith in the great efficacy of infinitesimals. Dr. Burnett thought Dr. C. Wesselhœft's position has been shown to be untenable by Dr. Buchman, in his essay presented to the Convention by the *Homœopathischer Central-Verein* of Germany. He called attention, moreover, to the remarkable fact that almost all the older opponents of infinitesimals *were themselves brought over to homœopathy by observing the effects of these same infinitesimals; and also that these self-same gentlemen, who now seek to ridicule the infinitesimal dose, scored their own greatest successes at a time when they used infinitesimals, almost exclusively*, in their practices. Dr. Burnett did not advocate the exclusive use of infinitesimal doses, but put in a plea for the whole range, from the crude drug right up to CM.'s or higher."

The venerable Dr. Dunn heartily indorsed Dr. Burnett, and called upon the younger men to be faithful to the truth, and not to remove the old landmarks that had been to him a guide through a long and successful professional career.

Dr. Helmuth, New York, made a spirited speech in favor of infinitesimals. Dr. Blackley (author of a work on "Hay Fever,") argued in favor of the efficacy of infinitesimals from his own microscopical observations on certain exceedingly minute bodies. Altogether, the feeling went very strongly in favor of the efficacy of the infinitesimals.—*Homœopathic World.*

basis. The questions then arise, at what dose does medicinal action begin - at what attenuation does it cease? And again, are infinitesimal doses preferable to appreciable doses in all cases, or in what cases only? A lengthened inquiry in using all dilutions from the 30th downwards has, Dr. Cretin says, convinced him that the action of a drug is less sure as the attenuation is high. "In acute, as in chronic affections," he adds, "I have never obtained from the higher dilutions the results which have been given me in a more positive fashion by the dilution below the sixth, and, above all, by the unattenuated medicine.

With some remarks on the choice of the dose in individual medicines and a comparative view of Hahnemannism and homœopathy, Dr. Cretin brings his essay to a close.

A discussion followed on the relative value of clinical and extra clinical evidence as to the efficacy of the infinitesimal dose.

On the following morning (Thursday) a sectional meeting was held, of members especially interested in gynæcological studies. The chair was taken by Dr. Eaton, of Cincinnati. The papers on this subject to be brought forward in the afternoon formed the basis of discussion.

In the afternoon, at the general meeting, business commenced by the presentation of papers, of which the following are abstracts:

On the Differential Diagnosis and Treatment of Yellow Fever.

Wm. H. Holcombe, M. D., New Orleans.

After a full definition of yellow fever, Dr. Holcombe spoke of its geopraphical range. It is epidemic in the islands and cities of the Atlantic coast of tropical America. From this habitat it may be transported northward and southward many degrees of latitude, but very few of longitude. Yellow fever has no second week. It and the plague are the shortest of all febrile diseases, as they are also the most fatal. Yellow fever becomes more fatal as it advances northward. It is the hottest of all fevers. I is a hæmorrhagic fever, the hæmorrhages depending on chemical changes in the blood itself. The jaundiced or icteric condition is a peculiarity of the fever, and is entirely of blood origin. An abnormally slow pulse down to 50, 40, and even 30 pulsations is found in many cases.

Yellow fever has a melancholy pre-eminence in its marked or latent features, its sudden changes and terrible surprises requiring more watchful care and vigilant nursing than any other disease, the danger being often out or proportion to the symptoms.

Dr. Holcombe then described the *post-mortem* appearances of yellow fever, and then proceeded to compare its phenomena with those of the other great fevers. In speaking of the treatment of yellow fever, Dr. Holcombe laid especial stress on the importance of nursing and hygiene —a sudden noise, movement in bed, conversation, a piece of bad news, any excitement, the presence of food in the stomach at the wrong time, the omission of a stimulant at the right moment, being often enough to transform a hopeful into a hopeless case.

Of the medicinal treatment, Dr. Holcombe says that we have no specific for the first or febrile stage of yellow fever. His paper concluded as follows:

"It is in the second stage of fever, when we contend with local congestions, special inflammations, and the effects of local blood poisonings or other morbid processes, that homœopathy asserts its specific and unquestionable power. We may not be able to break or materially shorten the continued fevers, but we can control the bronchitis of measles, the sore throat of scarlatina, the suppuration of small-pox, the pneumonia of typhus, the diarrhœa of typhoid, the jaundice and hæmorrhages of yellow fever, etc., in the most remarkable manner, thereby reducing the mortality of all those diseases to a point considerably below the acknowledged allopathic level.

"What enormous services have been rendered in these cases by those chemically isomorphous substances, *arsenic*, *phosphorus* and *tartar emetic*, applied upon the homœopathic principle! To these may be added, as special remedies for yellow fever, the snake poisons, *lachesis*, *crotalus*, *naja tripudians*, *elaps corallinus* and *vipera torva*, introduced into practice from the long-recognized resemblance between the symptoms of yellow fever and those which have followed the bite of serpents. These serpent poisons will no doubt be found valuable also in the hæmorrhages and jaundice of the plague, of typhus, relapsing fever, billious typhoid and malignant remittents.

"The homœopathic treatment of yellow fever is still in its infancy, comparatively speaking, but the results already achieved constitute one of the strongest arguments ever offered in behalf of the practice."

Indian Dysentery and Cholera.

P. W. CARTER, Ph. D., L. M., etc., Sydney.

This paper opens with a minute account of the phenomena of Indian dysentery. Then follow a series of well-reported cases of the disease. Dr Carter makes the following statement of the results of his practice while in India: "The total number of cases," he says, "treated by me allopathically up to November 1875, was 213—deaths 99. Cases treated homœopathically up to the end of 1878 (I left India in March 1879) were 77, with 14 deaths—all in dispensary practice, when the disease, and every disease, is generally seen in an advanced stage."

With regard to cholera, Dr. Carter had seen little advantage from the use of *camphor* even in the stage of invasion. In the first stage, he says, he did best with *aconite* 1x or tinct. This, when given early, prevented the advancement to the second stage in every instance. In the second stage *verat. alb.* 3x, *arsen.* 3, *cup. acet.* 2 or 3, *sec. cor.* 3x, *ant. tart.* 3x and 3, and *croton* 3 were the chief and most reliable remedies. In the stage of collapse, *arsen.* 30 was used with the happiest results. In pulmonary congestion, *phos.* 3 or 5. When this had grown to blood-poisoning, with brain symptoms, *bell.*, *stram.*, *hyosc.* or *ac hydrocy*, were used with better effect than any treatment he had obtained under old-school practice. Three out of four cases of intra-cranial effusion yielded to *digitalis.* In renal congestion, with albuminaria or suppression and uræmia, be found *terebinth.* 3x, *kali bich.* 3 *canth.* 2 or 3, and *digit.* 3x very effective.

Homœopathy in the Treatment of Diseases prevalent in India.

MAHENDRA LAL SIRCAR, M. D.

The paper sent in by Dr. Sircar was found too lengthy for the *Transactions*, and to cover more ground than had been intended. Such portions only were introduced to the Convention as bore upon the therapeutics of the special types of Indian disease.

Diarrhœa, generally traceable to bad food, but sometimes to extremes of temperature, was first noticed, and the indications given for the use of *china*, *arsen*, *coloc.*, *puls*, etc. Of dysentery, Dr. Sircar says: "In the majority of cases I find *ipecac.* to be quite competent to deal with the disease. Failing this, I have recourse to the *merc. sol.*, and in very grave cases to *merc. cor.* Other medicines meeting special cases are *aconite*, *bellad.*, *canth.*, *capsicum* and *colchicum.*"

The liver is an organ very frequently disordered in India. In malarious enlargement, remedies that are suitable for the general condition, prove corrective of it. *Acon.* and *bry.* in febrile states; *colc. c.* especially in young children; *nux v.* when there is constipation; *lycopod.* when with constipation there is tympanitis, especially of the colon. In acute congestion, no remedy equals *aconite;* sometimes *bryonia* is required subsequently. When the secretory structures are inflamed, *mercury* is wanted. In suppuration, *aconite* and then *cinchona* or *quinine* in massive doses. In very prostrate conditions, *arsenic*, *carb*, *v.* and *lachesis.*

In hypertrophic cirrhosis with jaundice, *lachesis* is a capital remedy. In chyluria, Dr. Sircar has seen good done by *carb. v.* and *phosph acid.*. In hydrocele and elephantasis of the scrotum, Dr. Sircar has seen benefit derived from *silica*, *rhododendron*, and sometimes from *rhus.*

Malarious Fever in India.

PRATAP CHANDON MAJUMBA, L. M. S., etc. Calcutta.

This communication was one of inquiry rather than one presenting good therapeutic results, Dr. Majumba says that *quinine*, which is almost the only drug resorted to, does more harm than good in many cases—though useful in some. So far as his experience has gone, he has found *aconite* useless. *Bell*, in some cases of a remittent type, has proved serviceable; so, also, has *gelseminum*, especially in children with a delicate nervous system. *Baptisia* followed by *bryonia*, *rhus. arsenic* and *muriatic acid*, have been of great value in cases where fever has assumed a typhoid type. Dr. Majumba concludes by remarking on the necessity of a careful study of the materia medica in each case, etc.

These papers having been introduced by the President, a discusssion followed on homœopathy in hyper-acute disease, including hyper-prexia.

The subject of *cancer* was then brought before the Convention in a paper by Dr. Gutteridge, of which the following is an abstract:

After some reference to the statistics of cancer, and having given a definition of the disease, Dr. Gutteridge expressed his doubts as to the value of a microscopic observation and chemical analysis as means of diagnosis. Referring to the researches of Haviland on the geographical distribution of disease, he showed that districts where the mortality from cancer was high were such as are liable to somewhat long-continued floods from the overflowing of rivers. He then entered on a somewhat minute differentiation of cancer and simple glandular enlargement. Passing to the consideration of the propriety of operation, he showed that extirpation by the knife does not cure cancer, does not always remove it, and that the liability to return is ever present, and often an absolute certainty. The results of enucleation, he says, are in no way more favorable. He concludes, therefore, that cancer patients do better when treated medicinally alone. In scirrhus he pointed the indications for *bell.* and *conium. Cicuta* is also named as useful. Of all most generally useful remedies, Dr. Gutteridge speaks most favorably of *hydrastis*, and especially of Tilden's preparation, *hydrastin*, intimately incorporated with an equal quantity of *hydrastis*. When this drug is given internally, a lotion of the tincture or powdered root should be applied at the same time. When ulceration has taken place, Dr. Gutteridge laid great stress on the value of *hydrastis, hamamelis, comocladia, baptisin*, and the *iodide of arsenic*, pointing out the special indications for the use of each.

In epithelioma, Dr. Gutteridge drew attention to *ranunculus, arsenic* and *hydrastis* as medicines from which the best results had accrued. In discussing the treatment of cancer of the stomach, he pointed out the indications for the use of *ranunculus, phosph., argent. nitric., arsenic, hydrastis* and *baptisia*, With some observations on the nature of the diet best adapted to cases of cancer, Dr. Gutteridge concluded his paper.

A discussion ensued on the Possibilities of Medicine in Cancer.

Papers were then presented on gynæcological subjects, the first being by Dr. Edward Blake, *On The Place of Mechanical Measures in Pelvic Disease.*

After some introductory remarks on the anatomy and physiology of the uterus, Dr. Blake argued that the greater number of the disorders of the female pelvis may be included in four categories—1, mechanical changes acting from without; 2, mechanical changes acting from within; 3, physiological changes acting from without; 4, physiological changes acting from within.

"The inclination," said Dr. Blake, "of the dominant school of therapeutics, is probably whilst attaching undue importance to mechanical methods to ignore the second or vital side; whereas our own tendency as undoubtedly is to decry the former."

Dr. Blake said that during the first six years of his practice he abjured local physical examination almost entirely, and worked laboriously at subjective symptomatology, with comparatively unsatisfactory results; that during the succeding six years he turned his attention to the use of various means of physical diagnosis, but without using any mechanical contrivances for the purpose of local treatment; while during this time he frequently witnessed through homœopathy the temporary removal of results of morbid processes without necessarily attacking the cause; he never during this time witnessed the smallest cervical excoriation healed under the influence of internal medication alone, even when such medication was carried on under the most favorable circumstances. Subjective symptoms Dr. Blake relies on to differentiate between a group of closely allied remedies, but to lead up to that group for diagnotistic and prognostic purposes he trusted solely to objective signs.

Dr. Blake concluded his paper by urging greater attention to the mechanical causes of diseases.

On the Treatment of Common Metritis, especially that Form known as Endo-Cervicitis, with Ulceration of the cervix.

D. Dyce Brown, M. A., M. D.

Dr. Brown commenced his paper by dwelling on the imperfections which exist in our provings, so far as they relate to chronic uterine inflammation. A medicine to be

selected in this class of disease must show—1st, from the provings filled up by the results of clinical observation, that it has a specific relation to the genital organs by producing disordered menstruation, leucorrhœa, ovarian pain, etc.; or, 2d, if the symptoms should be scanty in the provings, the medicine must be one which shows a specific affinity for mucous membrane in general, producing catarrh or acute inflammation, with their results in the shape of increased secretion or ulceration; or, 3d, it is of the utmost importance that it should "cover" the constitutional dyscrasia that may be present with the various symptoms referable to other organs than the uterus and ovaries. In other words, it must cover the totality of the symptoms.

The greatest amount of success Dr. Brown thought was attainable, when a remedy is selected which covers the general state of disordered health, more especially if this remedy is known to have a specific affinity for the uterine organs.

Before considering medicines, Dr. Brown drew attention to local applications. Weak solutions of astringent remedies he regarded as acting in accordance with the homœopathic law in cases of chronic inflammation. When first practising homœopathy, he thought that such applications as *nitrate of silver* hastened the cure of disease of the cervix. Clinical observation had, however, convinced him that with specific general treatment such applications as *nitrate of silver iodine*, *carbolic acid*, applied by the mop through the speculum were unnecessary. Just, however, as every one would use water dressing or *calendula or hydrastis* to promote healing in ulcerated surfaces, so he employed these means in such cases. When in addition to ulceration the cervix was hypertrophied, *glycerine* diluted with water or with a few drops of *hydrastis* added, was useful. Where vaginal catarrh is excessive injection of *calendula* and *hydrastis* or *even in chronic cases of a weak solution of zinc or alum were beneficial.* In suitable cases, Dr. Brown attached great importance to the wet compress and to the tepid sitz bath.

Dr. Brown then pointed out the indications for the use of medicines. *Belladonna*, he said, was required in almost every case of chronic cervicitis with ulceration at some period of its progress. The indications were fully and minutely given, but at too much length to allow of our tran-

scribing them here. *Sulphur* he found often required, especially in cases of chronic inflammation of the venous type—when that sluggish state of the system exists which refuses to respond to the action of medicines. The symtomatological indications were then given. *Sepia*, he showed, was indicated in endo-cervicitis, where the uterus is enlarged, prolapsed, or where version has occurred. When there is a tendency to skin eruptions, etc., *Pulsatilla* he pointed out at some length, was indicated in cervical disease by the appearance, complexion, and temperament of the patient, the scanty or irregular menstruation, the menstrual pain, the leucorrhœa, prevailing chillness, aggravation of symptoms in the evening, but especially by the gastric or gastro-intestinal catarrh with headache. *Actæa* corresponded to the nervous neuralgic, hyper-æsthetic patient suffering from uterine disease. The coincidence of cervical inflammation, slight or severe, with well-marked hyper æsthesia (showing itself by the spinal tenderness, the peculiar head aches, the palpitation and sleeplessness from mental depression, or alternation of depression with excitement, and sinking pain at the epigastrium) indicates the kind of case in which it is useful. *Ignatia* was indicated rather by the general state of nervousness that characterized some cases than by local manifestations of disease. *Calcaria carb.* in cervical disease associated with struma he describes as a remedy of immense value, especially if the catamenia are too frequent and profuse. *Lycopodium* is useful in cases where the pelvic organs are congested and leucorrhœa and endo-cervicitis are set up in cases where the pelvic organs are congested and leucorrhœa and endo-cervicitis are set up in consequence of the liver and portal circulation becoming congested. The condition requiring *nux vomica* resembles that in which *Lycopodium* is useful. *Mercury* is especially indicated in cases of endo-cervicitis, when the ulceration is of unhealthy and sloughy type, and when vaginal catarrh with thick leucorrhœa is present to a marked degree; 2, when gonorrhœa has extended upwards to the uterus; 3, when syphilitic ulceration is made out, or when there is reason to expect a syphilitic taint; 4, when the collatteral symptoms, those of the stomach, liver, and intestines, especially call for *Mercury*. Dr. Brown also noticed *lilium graphites*, *arsenic*, and *platina* as often indicated in uterine disease, and concluded by saying that, in his opinion,

we quite as often require to select our remedy less on the grounds of its local action than on those of the systemic disturbance of constitutional taint which may be present in a given case, and the more carefully such selection is made, the better it seemed to him were the results.

On the Treatment of some of the Affections of the Cervix Uteri.

GEORGE M. CARFRAE, M. D.

Dr. Carfrae commenced with some remarks on the unsatisfactory character of much of the materia medica, and this especially as related to the action of medicines on the cervix uteri. Restricting his attention to the consideration of cervical endo-metritis, or cervical catarrh, or uterine leucorrhœa and granular erosion, or ulceration of the cervix, he entered into a full account of the etiology, symptomatology, and pathology of the condition. Passing to the treatment, he divided it into constitutional and local. In discussing the former, he took Guernsey's book on *obstetrics*, and examined the medicines named therein as applicable to this condition. He insisted that as leucorrhœa was a constant symptom of this disease, it ought to be among the phenomena produced by each medicine adapted to cure it, if the totality of the symptoms was to be our guide. Many of the medicines recommended by Guernsey have not this symptom in their provings. Of the provings of others, it must, he thought, be admitted that they were unreliable. He then proceeds to examine *seriatim* all the medicines named by Guernsey, concluding that out of seventy-two such remedies, about a dozen and a half have no leucorrhœa in the list of symptoms attributed to them; while about one-half of the whole number have been proved, Dr. Carfrae thinks, in a manner too loose to merit our confidence, reducing the number of drugs, the provings of which entitle us to look upon them as truly homœopathic to cervical leucorrhœa to scarcely a dozen: and of these Dr. Carfrae is doubtful of at least six. Of eleven other medicines recommended by Hale, the value is chiefly empirical, few of them having been thoroughly proved.

Regarding the materia medica as poor in relation to truly homœopathic remedies in cervical leucorrhœa and granular and follicular disease of the cervix, he asks, do we get any help from local applications, and if so, from what? He then examines the views of Guernsey, Madden, Leadam, Ludlam and Hale, with regard to the use and mode of action of externally-applied irritants. He concludes that we are far from having arrived at that amount of scientific precision which is desirable or attainable. This he attributes to some extent to the number of unreliable provings which are incorporated in our text-books. To some extent, also, it is due to the difficulty of getting good provings of drugs which have a specific relation to the uterus; while, lastly, the semeiology of these affections is often very vague, and no sure indication of their pathological condition. To admit that the combined local and constitutional treatment of cervicitis, granular, erosion, etc., gives the patient the best hope of a cure, is to allow that our treatment is to a certain extent empirical. "This," he adds, "I fear must be so, until we have a reformed materia medica." As medicines, Dr. Carfrae relies chiefly on *arsenic*, *mercurius*, *nux vomica*, *phosphorus*, *pulsatilla*, *sabina*, *sepia*, and *ferrum*, while *gelseminum*, *helonias*, *hamamelis*, *lilium*, *phytolacca*, and *xanthoxylum* are, he thinks, valuable additions to our armamentarium, but requiring more thorough proving. The best local applications are *chromic*, *carbolic*, and *nitric acids* and *nitrate of silver*.

He concludes by hoping that ultimately we may treat these cases altogether without the aid of local applications. So long as these are used, we must admit that our treatment is, to a certain extent, unscientific and unsatisfactory. When we can abolish them, it will be because we have attained that amount of scientific precision which meanwhile must be our constant endeavor to reach.

A discussion followed on the Influence of Homœopathy on Uterine Disease, at the conclusion of which the meeting adjourned.

On Friday afternoon the subject of general, ophthalmic, and aural surgery were brought under the consideration of the convention, and received full discussion.

The first contribution presented was from Dr. Bojanus, of Nischny-Novogorod, in Russia. It was in the form of a book, entitled Homœopathic Therapeutics in its Appli-

cation to Operative Surgery; and upon this Dr. Dudgeon prepared a report, giving a brief *resume* of its contents. It is occupied with a detailed analysis of the operations performed in the hospital to which the author is attached.

Surgical Therapeutics is the subject of Dr. J. C. Morgan's (Philadelphia) contributions to the *Transactions.*

Dr. Morgan commences his paper with some remarks on the comparative value of *aconite* in wounds and other injuries. In these classes of cases, Dr. Morgan contends that *aconite* is superior to *arnica*—1, in injuries of the eyeball; 2, in the reaction which occurs some hours after an injury; 3, in the commencement of a sprain. Dr. Morgan then adduces some illustrations of the sorbefacient effects of the internal exhibition of *hydratis* 30, *sepia* 1m, *arsen. iod.* 3x and *hypericum* 2x in mammary tumors.

Passing to tumors of the uterus and ovaries, Dr. Morgan has no records of absolute cure by drugs, but he can say that in no case has it been necessary to submit any such to a surgical procedure, except the pedunculated polypi, fibrous and mucus; these he has uniformly removed by the wire *ecraseur.* All others he has treated with drugs "in potency" for months and years, according to the various changes of symptoms, to the great satisfaction of patients, who, in sheer desperation, had previously courted the most formidable resources of surgery.

Dr. Morgan concludes by giving the characteristic indications for the use of a number of medicines in the treatment of tumors.

Dr. Watson, of Hammersmith, contributed a paper entitled Surgical Observations, which consisted of some general observations on the pathology and treatment of abcess, illustrated by several cases.

A discussion then ensued on the Help brought to the Surgeon by Homœopathy, in which Dr. Dunn, Dr. McClelland, Dr. Helmuth, and others took part.

A paper on the Therapeutics of Iritis. by Dr. Vilas, of Chicago, was then presented.

Dr. Vilas declined to discuss the curability of iritis by internal remedies alone, because he is of the opinion that internal medication alone will never cure all diseases which might be cured were they treated with all the means at our command. The first point in the treatment, he says, consists in perfect rest of both eyes, shutting out of bright light, and protection from injurious changes of

temperature. The second consists in obtaining complete rest for the iris. Of all mydriatics, *atropia*, he said, was the best, and the best preparation a carefully prepared *sulphate*. The advantages to be obtained and the dangers to be avoided were fully pointed out. Various other mydriatics were noticed by Dr. Vilas. In all cases, save those in which there are no synechiæ likely to form, can, he alleged, a mydriatic be safely dispensed with. If there be exudation from the iris, and it is not drawn away from its resting place, synechiæ must form, and more or less firmly tie down the iris. Dr. Vilas next considered the indications for the use of internal remedies. These comprised some twenty-eight drugs, and form a useful collection of references for ophthalmic surgery. We must, however, direct our readers to the *Transactions* for their study.

The Treatment of Iritis, simple and syphilitic, was then the subject of discussion, the debate being opened by Dr. Bushrod James, of Philadelphia.

This being terminated, the last paper to be presented to the convention, that by Dr. Cooper, of London, on Aural Surgery, was introduced under the title, Notes on some Homœopathic Remedies in Aural Disease. After some introductory remarks on the position of the therapeutics of aural surgery, Dr. Cooper pointed out the indications for the use of the following medicines in different forms of deafness: *Gelseminum, hydrastis canadensis, picric acid, capsicum, arnica, rhus, ignatia, quinine, amyl nitrite, chloroform, salicylic acid and salicylate of soda, apis mellifica, lachesis elaps cor., crotalus formica, naja* and *vespa*. In reviewing his experience, Dr. Cooper says that the conclusion is forced upon him that very long standing cases are best met by highly dynamized preparations; these, beyond question, he says, exert a most powerful and satisfactory influence. He especially names *phos.* and *calcarea* as remedies which in a high dilution have proved of most essential service.

After Dr. Cooper's paper had been introduced, a discussion ensued on the plan of homœopathic medication in ear disease.

The convention assembled at two o'clock on the following day for the transaction of miscellaneous business.

The report of the committee and the president's address were brought forward, and as practical results it was determined to appoint a committee, consisting of one or

more skilled pharmaceutists in each country represented by the convention, to co-operate with the editor of the *Pharmacopœia of the British Homœopathic Society* in the preparation of a pharmacopœia which shall be adopted by all nations.

It was also resolved that a permanent secretary of international homœopathic conventions be appointed, and to this office Dr. Richard Hughes was appointed.

After some conversation, it appeared to be the wish of the members of the convention that the meeting of the convention, which would in the ordinary course of events be held in 1886, should take place at Brussels.

The statistics of the convention were presented by the president, from which it appeared 78 British, 31 American, 4 French, 1 Italian and 1 Russian physician had entered their names on the books of the Congress, while there is reason to believe that some 20 British practitioners had been present at the meetings, but had omitted to record the fact of their presence.

After very cordial votes of thanks to the president, vice-president, secretaries and treasurer, the members separated.—*Homœopathic Physician.*

Surgery.

MANAGEMENT OF DEEP ABSCESSES.

By J. T. Kent, M. D.

In the discussion of the management of deep-seated chronic abscesses, much difference of opinion prevails, some favoring free incision, others opening by trocar, or the aspirator, avoiding the admission of air into the cavity. It is not my purpose to take a part in this discussion, as the admission or exclusion of air, in my judgment, seems to have little to do with the true principles of repair. Perfect evacuation and coaptation of the walls of the abscess cavity seem to be the points to be constantly held in view.

Perfect evacuation is at times not so easily obtained in deep abscesses. The surgeon is too much inclined to open the cavity in its most accessible locality, when the floor of the cavity is the only possible place to secure perfect drainage. The floor of an abscess cavity will be also changed as the patient changes his attitude from the walking to the recumbent position; therefore, an abscess upon a patient walking about should be sometimes opened in a different locality from one in bed. I consider these important questions; and the anatomical study of the parts can only render the solution.

By perfect evacuation we obtain perfect coaptation, which is imperative; rest is therefore the only means of cure, as it permits nature to do her work in her own good way.

If a mistake has been made by the surgeon, and he has not opened the cavity at its most depending point, the patient may be changed in bed, that the opening may be made in the lowest part of the cavity.

Superficial abscesses are of little importance compared with deep-seated cavities involving important structures; therefore, not so much knowledge and judgment are required in the management of them.

Another important feature of deep abscess is the change that occurs in the anatomical relations of the part. No anatomist will pretend to be able to give the relation of the arteries, veins, muscles, and nerves in a post-pharyngeal abscess of any proportions. What anatomist will attempt to delineate the relation of the structures of submuscular abscess of the anterior and internal aspect of the thigh? But not having dwelt upon this subject, a surgeon might say, as I was once known to say, "Plunge in the knife." This is not my practice at present.

To make an opening in a deep abscess at its most depending part is at times a most difficult undertaking, hence it becomes necessary to perform the operation with as little risk as possible. From general symptoms and local signs the surgeon suspects a deep abscess of the axilla. Some surgeons say: "Wait till it comes near the surface; but the patient may die in the meantime; and to plunge in the knife may prove fatal to the patient, by opening an important branch of, or the axillary artery itself. The aspirator is in reputable use.

Suppose the surgeon is in the country, or has not the means to purchase such a valuable instrument?

I am in the habit, according to Hilton's method, of making an incision with my scalpel through the skin at the most depending point, then, with my groove-director, I force an opening to the supposed cavity. If I have en-

tered an abscess a small drop of pus will appear in the groove of my director, then, with my dressing forceps, I follow the groove in the director to the cavity, and by separating my finger I force an opening which may be enlarged at will, and with perfect safety.

I should be very unwilling to relate my early experience in the management of this class of surgical maladies; and when I simply say that being compelled to ligature the profunda femoris, for my rashness, was not the least of my unpleasant experience, you may not wonder at the precaution I now advise in relation to these troubles.

A child, about ten years old, was once brought to my office in its father's arms with a large fluctuating tumor behind the pharynx, enlarging the cervix and rendering deglutition very difficult, liquid food often passing out the nostrils. The child was pale and cachectic—in a general feeble state of health. With my scalpel handle I made pressure upon the posterior wall of the pharynx, and the impression led me to the conclusion that there was pus in the tumor, and the manner of opening it was all-important.

It seemed an easy matter to open through the mouth, but the child might strangle and die in the operation; and with a trocar I might do much damage, in opening externally by puncturing an artery, having no means of knowing the precise locality of any structure under the integument.

With my scalpel I cut through the skin and superficial fascia, over the lower part of the sterno-cleido-mastoid muscle, and with my grooved director I forced an opening through the muscle and on toward the most depending part of the fluctuation, when I observed a small quantity of thin grumous fluid passing along the groove of the director. I then, with my dressing forceps, followed up the director, dilating sufficiently to evacuate the cavity.

These hints are not written for the purpose of frightening the timid from making their usual free incisions in superficial and ordinary abscesses, but to encourage precaution in the very rarely met with deep-seated formations of pus in dangerous localities, as sub-muscular abscess of the thigh, submammary, gluteal, cervical and post-pharyngeal abscesses.

Injections into large abscess cavities are, as a rule, of little use, and often dangerous. Perfect rest must be procured. If it cannot be obtained by the recumbent position, it must be had by strapping, bandaging or compressing. The means will readily suggest themselves to the competent anatomist of procuring rest and coaptation, which is the all-important issue to be uppermost in the mind of the surgeon after the evacuation has been completed.

Any treatment directed to a permanent cure must be conducted in accordance with the history and etiology of each respective case. Internal remedies are often demanded; so-called alteratives and tonics are commonly resorted to by nearly all allopathic surgeons, but the proper homœopathic remedy should be selected.

Then, with a thorough knowledge of the most potent of all remedies, *rest* will crown the surgeon's labor with a fair degree of success and satisfaction.

CRIME AND PUNISHMENT.

In the current number of the *North American Review* Rev. Dr. Howard Crosby discusses crime and punishment; but fails, we think, in handling the subject with anything like the breadth and thoroughness which so important a topic demands. Dr. Crosby enumerates, among the principal causes of crime, the unrestricted sale of distilled liquors, and the apathy of the public, especially the officers in supporting the excise law. We very much doubt the

correctness of these positions, but believe, on the contrary, the real cause of very much of the crime which exists in every community, includes the cause of intemperance itself. If you go back a few generations in the history of every criminal, of every man who gives loose play to his appetites and his passions, you will find, somewhere, a violation of nature's law, perhaps in defective brain, or physical nutrition and training, and especially in an unwise marriage in which the plainest psychological and physiological principles are violated, and the brain of the off spring changed in quality at least, and sometimes in conformation. The riot and the discord in the system produced by ignorant violation of nature's laws may be visited upon the children from generation to generation, and the unhealthy longings, the violent passions, and lack of harmony in the brain which lead to crime and intemperance can, in the majority of cases be traced back to hereditary taint and the transmission of mental and physical qualities from one generation to another. Two men, brought up side by side, with the same surroundings, and moral and physical training, find life actually different. With one there is an incessant battle with unhealthy passions, while with the other life glides smoothly, with scarcely a single mental contest. To the one the life current has flowed down from the past uncontaminated, while the other has been tainted with vice and perhaps crime. A work of a distinguished French *savant* recently published by Wm. Wood & Co., and translated by Dr. Fowler, shows the peculiar organization of a large number of criminals and consequently how easy it is for them to fall into temptation. It is well enough to enact laws to prevent crime, but we should go further back than this to the healthy development of the human system, thus taking away the strong tendency to vice and crime. After all the keynote to the regeneration of the world is in the family, in the training there received, and in the pure and healthy relation between husband and wife and parents and children.

INJURIOUS EFFECTS OF RED VULCANIZED RUBBER PLATES IN DENTISTRY.

There are two serious objections to the use of this material, composed, as it is, of bisulphuret of mercury and sulphur, viz.: loss of bony substance from undue absorption, caused by the retention of heat under the plate; and the poisonous effects of the coloring material, which constitutes one-third of the whole plate.

The first of these is the least serious of the two, but affects all who wear it, only in different degrees. I have never yet seen a mouth where this material has been worn but there were evidences of undue absorption, and thousands of mouths are ruined by it, for absorption goes on until there is no "process" left, and no ridge, or only a flexible one of this —— membrane. The effect produced by the coloring material is far more serious, although not so often realized, because it seriously affects the health of the patient. (L. P. Haskell, Chicago *Med. Jour. and Exam.*, Jan., 1881.)

BORACIC ACID.

This is being much used now as an antiseptic and antiblenorrhagic. In profuse purulent conjuctivitis, the instillation of a saturated solution will often give brilliant results. It has also been employed in gonorrhœa as well as otitis. The solubility of boracic acid is as follows: In cold water, 19 grains to the ounce; in hot water, 80 grains (only 23 grains remain in solution upon cooling); in hot glycerine three drachms can be dissolved, the whole remaining in solution upon cooling. For use in blenorrhœa of the conjunctiva, the solution in water is strong enough. (St. Louis *Clin. Record*, Feb., 1881.)

KOUMISS A TEMPERANCE DRINK.

In Monday's *Leader* an article appeared under the head "Prayer Versus Alcohol," which was an extract from a sermon delivered by Rev. D. K. Brown, D. D., in the Brookville Church, in which the reverend gentleman, in speaking of koumiss, which has been administered to President Garfield, called it a "miserable Turkish alcoholic drink, (a beer made from mare's milk), and that President Garfield's stomach gave out under such treatment." A communication has been received from Dr. W. H. F. O'Keefe, who is agent for koumiss in this vicinity, in which he produces the original of a letter from J. Stanley Brown, the President's private Secretary, dated August 27, in which that gentleman says: "It is one of the few things that would stay on his stomach, and he still continues taking his koumiss, and at one time it is all he could take." Dr. O'Keefe states that it is not an intoxicating beverage, but on the contrary the drinking of it will sober a drunken man, by counteracting the effects of the liquor. The doctor and the reverend gentleman can now settle this matter between themselves, both sides having been heard.

Cure for Fetid Foot Sweat.—The stockings are changed twice daily, and the stocking feet are placed for some hours in a jar, containing a saturated solution of boracic acid. They are then dried and are fit for wear again, if it be desired. The boracic acid effectually destroys the smell. But the leather in the bottom of the boot is wet and sodden, and smells as vilely as the stocking. This difficulty is got over by the use of cork soles. Half a dozen of these will be found sufficient. A pair must only be worn one day unchanged; at night they are placed in the boracic jar, and are put aside the next day to dry. If these directions be accurately carried out, the evil smell is perfectly destroyed.—*Brit. Med. Jour.*, Sept. 18, 1880.

MUSCARINE AS A REMEDY FOR NIGHT SWEATS.

Dr. W. Murrell, *New Remedies*, has treated twenty-six cases of night sweating with a one per cent. solution of a liquid extract of *agaricus muscarius*, of the consistence of molasses. Sixteen of the cases were in males, the remainder in females of ages ranging from 46 to 10 years. Five minims of the above solution was the smallest reliable dose; this was taken in water, three times daily, or in the evening an hour before going to bed. Improvement was usually apparent on the second or third night, and perspiration usually ceased by the end of a week. Benefit followed its use in every case.

ANCIENT MEDICAL TRAINING.

Prof. Huxley, in his closing address at the International Medical Congress, traced the origin of the healing art back to the Asklepiads of Greece, and the connection between anatomy and medicine to the Alexandian school of Erasistratus and Herophilus. The London *Academy* think that the Hindoos have at least an equal claim to have founded an art of therapeutics upon the study of anatomy. In Hindoo history it is impossible to fix dates; but the best era of Indian medicine was contemporary with the ascendency of Buddhism. Besides attending to hygiene, regimen of the body, and diet, the early Indian doctors undertook the most difficult operations with a confidence that could only be derived from anatomical study. It is known that students were trained to perform operations, not only upon wax models and specimens of the vegetable kingdom, but also upon "the carcass of a dead bullock." It is said that the Greek surgeons under the Ptolemies were permitted to experiment upon living criminals

LACERATED PERINEUM—Mrs. B., M. D., has practiced sixteen years and never yet had a case of lacerated perineum. "Why? Because I use sweet oil freely—hot if possible: To prevent laceration of cervix, use a tampon of cotton saturated in warm lard or oil mixed with three drops of bell. tincture. It is easily applied and will rapidly relieve all tension."—*U. S. Med. Invest. Feb. 1881.*

DR. A. P. WILLIAMSON Chief-of-Staff, reports 655 clients treated during June, at the Homœopathic Hospital, W. I., with 3.96 per cent. death rate.

APPROPRIATION.

THE Pennsylvania Legislature has appropriated $50,000 toward the fund of the new Homœopathic Hospital in Pittsburgh.

MALTINE.

Travancore, India, Mission House, Edin, Oct. *1878.*

I have tried Reed & Carnicks Maltine with two of our patients, and the result has been most satisfactory. The increase in weight, improved appearance, and general improvement in health, have been most gratifying.

JOHN LOWE, F. R. C. S.

Correspondence.

ELLSWORTH, ME., Sept. 1881.

EDITOR COURIER:—I read with much pleasure and profit, your ably conducted journal; but in your August issue I notice a few things that perhaps will bear a word of criticism.

"About Liars." Why say the man lied? Does *any one* suppose, with the ample opportunity offered our different pharmacists, by our defective method of preparing our remedies (defective as regards its certain accuracy), that all of them are always honest and never cheat, especially high potency users, without their knowing it?

I don't for one, and believe the only method is to use only such remedies and preparations that we can always distinguish as accurate.

And again, I see nothing impossible in his statement of using dilute alcohol in saturating pellets. I always do, and find them to be more evenly and thoroughly saturated with the dilutions than if the alcohol had been evaporated from the surface of the pellet. In fact, our system of preparing and prescribing remedies, is defective, in as much as it gives great scope to both physician and pharmacist for fraud. How many patients are reported brilliantly cured by homœopathic medicine, when the report shows sac. lac. frequently repeated.

And further: Why waste so much time on that Pacific bigot (page 81). Is it not answer enough to his growlings, to point to scores, yes, hundreds of educated and intelligent old school practitioners, that are yearly dis-

carding the worn out, seedy rags of allopathy and donning the new, clean garments of homœopathy? Why do these men, not poor in this world's goods by any means, nor inferior in any manner to their conferees in ancient medicine, drop this abominable method of pukes, purges, morphine, quinine and whisky, and take up our plain yet superior method of treatment. Not because it is *easier*—because it is *infinitely* harder—but our superior success in practice well pays us for our extra labor.

Then again: Why try to defend psora against this man's statements. Are there not as good intelligent and well educated men in our ranks, who totally discard this theory, and yet are the equals in every respect of any homœopaths of our school?

Does it make the man any the less a homœopath if he does not believe all the theories of Hahnemann?

He was not divine, despite many efforts to make him appear so. A man who is *never* wrong is *always* wrong.

We have much to thank Hahnemann for, but let's not swallow without masticating everything he said or wrote, simply because he wrote.

No, our defense of homœopathy must and can be made upon its merits and essential principles, and not upon any outside theories.

Say to them, the *law* is plain; follow it and see for yourself. Do not be turned aside by a theory of any man. Remember you are just as good a homœopath if you do not use a pellet or dilution, and meet *similar* with *similar* (and I believe more so), than if you swallow and follow all the ideas and theories of Hahnemann, and prescribe the potenized moonshine of some of his follower of to-day. Let us lop off these excrescencies and dying limbs, and we have a sound, smooth trunk which will be a lasting support. But allow them to remain and grow

and I fear they may check and destroy the truth and beauty that lies within.

Excuse these hastily written words; uphold homœopathy, *pure and simple*, and receive my gratitude and subscription fee.

Your friend,

W. M. H.

We are in receipt of the following calls for aid. Will some reader answer in the next.

PROVIDENCE, September 9, 1881.

EDITOR HOMŒOPATHIC COURIER:—I have a case in which I would like some help. The patient is a lady, past turn of life and very fleshy. She has a terrible burning of the feet and legs; leaves them and goes to the hands the and arms and sometimes across the bowels. There is no redness; nothing to be seen; no swelling; no breaking out except in the palm of the left hand; looks like a blister the size of a pea, and fills with a bloody pus if opened; will be two or three months before it will heal if unopened; will dry up in about three weeks; has been troubled for five or six years; the weather has no effect, but the heat from the fire makes it worse. In all other respects she is alright.

Now doctor I want you to tell me what to do for her, and I will report progress.

She says when her bowels are attacked, (that is, across the bowels), she has an all gone feeling. I prescribed canth. 3x, but have not heard from her since.

S. ROBINSON, M. D.

EDITOR HOMŒOPATHIC COURIER:—Will you please give me and others a course of treatment in the COURIER for caries of the hip joint. Patient 56 years old; has been troubled

over six years. Discharges the color and consistence of whey; no stench when first discharged; little or no pain; appetite fair. Give us light in the next issue and oblige. I would like to have you give the case a complete overhauling, and oblige me and many others.

Call for cases that have been treated by other doctors.

Lackawana. G. S., M. D.

East Rockport, Ohio.

Editor Homœopathic Courier:—In the "sample copy" of the Homœopathic Courier you kindly sent me, I saw a report of rhus poisoning and the treatment. Will the Doctor please inform me, which variety of rhus the patient was poisoned with. And when he says he uses the 200 of a remedy, does he wish to be understood as using the 200 trituration or dilution, or the 200 potency, according to Hahnemann. See Chronic Diseases, vol. 1, pp. 190-191.

And where does he procure the *mother* tincture, 6th or 10th.

I have been practicing homœopathic medicine for 28 years, and yet there are some things to learn. H. L. J.

Allen, Mich, September 21, 1881.

Editor Homœopathic Courier:—I have just seen a "Sample Copy" of the Courier, in which appears the communication I sent you on rhus poisoning. In it appears a mistake that I should like to have corrected, if it is to appear in the regular September No., as you intimated. The word "same" just before the word "strength," should be eliminated. Third line from bottom.

Respectfully yours,

H. A. Stonex.

Society Proceedings.

ANNUAL SESSION OF THE MISSOURI INSTITUTE OF HOMŒOPATHY.

The fifth annual meeting of the Missouri Institute of Homœopathy was called to order at 8 P. M., October 5th, 1881, at Parlor 17, Lindell Hotel, St. Louis, Mo., by the President, D. T. Abell, M. D., Sedalia; the Provisional Secretary, H. W. Westover, M. D., of St. Joseph, at the desk.

W. A. Edmonds, M. D., in behalf of the physicians of St. Louis, extended a cordial welcome to the Institute in a very able and entertaining address as follows:

The Society of Homœopathic Physicians and Surgeons, of St. Louis, has delegated to me the very pleasing duty and distinguished honor, of tendering to you words of welcome, good cheer and hospitality. The ceremony of a public, formal welcome, has become so frequent in behalf of our various delegated and associated activities of a scientific, fraternal and professional character, as to render it difficult for me to say anything new or original in the performance of my present duty.

I shall not therefore strive after verbal novelties in conveying to you a greeting from the physicians of St. Louis, but shall be only too anxious to give a thorough quality of heartiness to my words of greeting, with a full assurance that your professional brethren of this city will cheerfully enforce the present ceremony by abundant acts of courtesy, attention and kindness, during your sojourn.

We welcome you then, right heartily, to our great and

growing city, in this valley of munificence and splendor, and by the side of the great Father of Waters, which for untold centuries has made its perennial pilgrimage to its great southern shrine, the Mexican Gulf. We welcome you to our busy marts, with all their interminable mazes of trade and activity. We welcome you to our magnificent parks, with their broad, beautiful drives and promenades, fragrant flowers, spraying fountains, green foliage and warbling songsters of the forest; we welcome you to our public museums of science, literature and art; we welcome you to our spacious temples, dedicated to the worship of The Most High, with all their aesthetics in architecture, music and eloquence; we welcome you to our great annual Fair, with all its wealth of wonders in the way of things novel, useful and beautiful; we welcome you to our beautiful thespian temples, with all their histrionic appointments and splendors; we welcome you to our sweet, pure homes, the abode of our domestic joy and bliss; we welcome you to any and everything that may make your stay pleasant and profitable.

And now, while giving you these few words of hearty welcome, allow me to congratulate you that so many have yielded to the inclination and opportunity to be present at this appointment, where we may all meet on the broad plane of professional equality, for a free interchange of individual views and experience, and the promotion of pleasant, social and personal relations.

Nothing serves so well as to take the kinks and snarls out of men who have the smallest element of kindness and forbearance, as to bring them face to face and hand to hand. Those of us who may have grown somewhat pretentious and self-conceited, are very likely to get a little of the grace of humility. Those of us who may

have become timid and unhopeful, are very likely to gain hope and strength, by learning that others have weakness and foibles much like our own.

But to no class of practitioners are these meetings of so much importance as to our village and country brethren, who probably perform three-fourths of the entire professional work in any given year.

Practitioners in the large cities, by engaging so constantly in college, dispensary, hospital and local society work, are enabled to keep well abreast of the various advances and improvements, to say nothing of their close local neighborship, giving every facility for help and consultation, in moments of peril and emergency. These meetings are certainly of importance to us all, but doubly important to those of us who may be so situated while full of work, with no time to read, have no access to hospitals and public clinics. To practitioners thus situated, meetings like the present, do much to prevent routinism in practice, and wipe off the professional mould and rust, which so insiduously settles down upon us in the more advanced periods of life.

Allow me to hope, that the physicians whom I have the honor to represent, will make your stay so pleasant, that you will consent to make our city your future, permanent place of meeting. If so, be assured you will always find the professional latch hung on the outside.

To which the president, D. T. Abell, M. D., very appropriately responded.

The minutes of the preceding meeting were read and approved.

The Treasurer, P. G. Valentine, M. D., presented his annual report, which was referred to an auditing committee composed of S. B. Parsons, M. D.; C. J. Burger, M. D., and W. C. Richardson, M. D.

A committee on credentials was appointed, consisting of J. A. Campbell, M. D.; Wm. Collisson, M. D., and J. M. Kershaw, M. D.

On motion, all visiting physicians were invited to seats in the Institute, and to take part in its discussions. The invitation was accepted by J. W. Feld, M. D., Kansas City; W. E. Green, M. D., Little Rock, Ark.; J. H. Moseley, M. D., Olathe, Kas.

Miss E. E. Curtiss, M. D., St. Louis; G. S. Walker, M. D., St. Louis; C. H. Goodman, M. D., St. Louis; W. B. Morgan, M. D., St. Louis, and Mrs. A. E. Scott, St. Louis, then applied for membership.

The Bureau of Ophthalmology and Otology being called, Dr. Campbell reported a case of Keratitis Specifica with a *resume* of treatment, and presented patient cured.

Discussed by several members.

Dr. W. H. Westover read a paper on "Otitis Media Suppurativa Chronica." After discussion the bureau was declared closed.

Dr. J. M. Kershaw, in behalf of the board of Censors, reported favorably upon the application of C. H. Goodman, M. D., of St. Louis; Miss E. E. Curtiss, M. D., St. Louis; G. S. Walker, M. D., St. Louis; W. B. Morgan, M. D., St. Louis, and Mrs. A. E. Scott, M. D., St. Louis, as regular members, and W. E. Green, M. D., of Little Rock, as an honorary member. Dr. Green was unanimously elected an honorary member.

On motion the secretary was instructed to cast an affirmative ballot for the several applicants for membership, which being done, they were declared elected.

The Bureau of Surgery being called, Dr. S. B. Parsons, Chairman, presented three papers, as follows: "Intestinal Obstruction," by himself, which he read; "The Inhalation of Sulphuric Ether," by W. Jno. Harris, M. D.; "Anæsthetics, and their Relative Safety, by W. H. Westover, M. D. Dr. Harris read his paper, and exhibited an

improved English inhaler, illustrating his subject. After general discussion, the Bureau was declared closed.

The Bureau of Climatology and Prevailing Diseases being called, the Chairman, J. C. Cummings, M. D., read his paper on "Climatology," which was discussed by Drs. Wm. Collisson and W. Jno. Harris.

A letter was then read on the same subject from Dr. Van Sycle, of Canton, Mo.

The Bureau of Education and Legislation reported through the Chairman, C. J. Burger, M. D., a long and able paper.

An inquiry was made as to parties issuing fraudulent diplomas, a case being on trial in Sedalia of a man holding an alleged diploma from a homœopathic college in St. Louis, signed F. R. Moore, Secretary, and others.

On motion, the Bureau on Education and Legislation was instructed to investigate the report that medical diplomas are being sold by one or more persons in the State of Missouri, and particularly in the city of St. Louis, and that they be empowered to take such steps as are necessary for the suppression of the traffic.

Moved and carried that when the meeting adjourns, it adjourns to 10 A. M., October 6th.

The Auditing Committee presented their report, showing that the Treasurer, Philo G. Valentine had erroneously entered up certain bills as paid twice, and that he was indebted to the society for the amount thus wrongly entered. The report was referred back to them, and they were directed to meet with the treasurer and have him correct the matter and report at the next meeting.

Adjourned.

The Missouri Institute of Homœopathy was called to order by President D. T. Abell, M. D.

On motion, it was ordered that the various bureaus report their papers by title, and the papers be referred to a committee on publication.

Wm. Collisson, M. D.; W. B. Morgan, M. D.; and E. E. Curtiss, M. D., were appointed the committee.

The Bureau of Materia Medica and Provings reported a paper on "Erythoxylon Coca," by L. E. Whitney, M. D., of Carthage.

The Bureau of Pædology reported the following papers: "Hydrocephaloid," by W. A. Edmonds, M. D., Chairman; "Symptoms of Hydrocephalus," by Josie Johnson, M. D.

The Bureau of Obstetrics reported the following papers: "Puerperal Convulsions," by D. T. Abell, M. D.; "Treatment of Adherent Placenta," by J. Feld, M. D.; "Obstetrics," Chairman, J. W. Primm, M. D.; "Uterine Hemorrhage," by J. R. Taylor, M. D.; "Cases Illustrating value of Hot Water in Post Partum Hemorrhage," by H. W. Westover; "Anæsthesia in Obstetrics, Illustrated by Inhaler," by Wm. Collisson, M. D. The use of anæsthetics in labor, elicited quite extensive discussion by most of the members present.

The Bureau of Psycological Medicine presented "Epilepsy in its Relation to Crime," by J. Martine Kershaw, M. D.; "Hysteria," by D. T. Abell, M. D.

The Bureau of Materia Medica supplied a paper on "Clinical Materia Medica," by J. W. Primm, M. D.

The Bureau of Gynœcology reported "Laceration of the Cervix Uteri," by William Collisson, M. D.; "Dysmenorrhœa," by C. J. Burger, M. D.

The Bureau of Clinical Medicine, P. G. Valentine M. D., Chairman, reported "Facial Neuralgia," by N. V. Wright, M. D.; "Five Cases of Crusta Lactea, cured by Graph. 6x;" by P. G. Valentine, M. D.; "Scalds and Burns, cured by Soda Bicarb. Locally," by P. G. Valentine, M. D.; "The Tongue, and its Indications," by H. W. Westover, M. D.

The Board of Censors made their final report, recommending the following applicants for membership: J. T. Kent, M. D; J. T. Boyd, M. D., and J. M. Stevens, M. D., all of St. Louis, Mo. The report was received, and

Secretary directed to cast the ballot for the applicants named, who were thereupon declared elected.

J. H. Moseley, M. D., as delegate from the Hom. Med. Society of the State of Kansas was welcomed, and addressed the meeting, reporting upon the progress of homœopathy in Kansas. Dr. Moseley was then unanimously elected an honorary member of the Missouri Institute of Homœopathy.

The amended report of the Auditing Committee on the Treasurer's accounts was accepted, and Committee discharged,

Moved and carried, that the next annual meeting be held at St. Joseph, Mo., on the second Wednesday in May, 1882.

It was voted to proceed to the election of officers, whereupon the following officers were duly elected:

C. J. Burger, M. D., of Boonville	President.
H. W. Westover, M. D., of St. Joseph	Vice-President.
W. John Harris, M. D,, of St. Louis	Gen'l Secretary.
W. B. Morgan, M. D., "	Provisional "
D. T. Abell, M. D., of Sedalia	Treasurer.
S. B. Parsons, M. D., of St. Louis	Censors.
J. Martine Kershaw, M. D., "	
W. C. Richardson, M. D., "	

The following chairmen to the different bureaus were appointed by the President:

Climatology and Prevailing Diseases, D. Van Sycle, M. D., of Canton, Chairman.

Obstetrics, W. G. Hall, M. D. of St. Joseph, Chairman.

Ophthalmology and Otology, H. W. Westover, M. D., of St. Joseph, Chairman.

Gynæcology, W. D. Foster, M. D., of Kansas City, Chairman.

Surgery, J. T. Kent, M. D., of St. Louis, Chairman.

Materia Medica, W. B. Morgan, M. D., of St. Louis, Chairman.

Education, Legislation and Statistics, D. T. Abell, M. D., of Sedalia, Chairman.

Psychological Medicine, J. Martine Kershaw, M. D., of St. Louis, Chairman.

Clinical Medicine, J. C. Cummings, M. D., of St. Louis, Chairman.

Provings, L. E. Whitney, M. D., of Carthage, Chairman.

Pædology, Josie Johnson, M. D., of St. Louis Chairman.

The chairmen of the several bureaus were directed to appoint their associates, and to report them to the Secretary,

On motion, the meeting adjourned.

Among the many good papers presented, we publish in this issue the following:

THE MANAGEMENT OF LABOR.

BY J. W. PRIMM, HANNIBAL, MO.

Mr. President and Gentlemen:—My remarks on the present occasion will be more general than scientific on the question under discussion. Obstetric practice is one of the most responsible places that physicians are called to fill. The health of woman, peace and happiness of families, and the launching and directing of a human soul; there is no time; the advice and sympathy of a physician is sought with so much confidence and womanly modesty as when a soon-to-be-mother places herself in his care, with the fullest confidence that he will do all in his power to relieve her pains, and carry her through, what nearly every mother thinks to be the most trying time in her life.

From my standpoint, I think every physician ought to make it a point to impress it upon the minds of such of his patients, that when they become enceiente, it is to their interest to let their physician know it, so he can have the care of them before confinement, and never in any in-

stance tell them of some case you had the other night where "the lady had such a hard time, she came near not getting through with it, and if I had not been there the consequence would have been terrible." On the other hand always speak assuringly and sympathetically. The question is often asked, "Doctor can't you give me something that will keep me from suffering during confinement, Can't you give me chloroform, Doctor ——— gives it to his patients?" As not long ago a lady came to me, asking me if I would give her chloroform in her confinement? I told her I would not promise her. If, in my judgment, I saw she needed it, I would do so. Such is invariably my answer. But that would not satisfy her, she had to have my promise, or she would get some other physician. To clinch her argument, she said, all the homœopathic physicians in St. Louis give chloroform. She having given birth to three children there, and received an anæsthetic each time from the hands of a homœopathic physician. She employed another doctor; she took chloroform, also got four weeks in bed, and four more she was not able to go out on the street.

That is one out of several cases that would have come under my care, if a promise had only been given to use chloroform. How are we to get around such patients and keep them? Shall we, contrary to our better judgment, yield to their wishes, or shall we take a bold and upright stand against using an anæsthetic, and let those who *will* have it anyway, go to our "regular brethren," when after a shorter or longer period they will be glad to come back to us? I would like to hear from the St. Louis gentleman that may plead to the charge, that all of them give anæsthesia in obstetric cases. I would like to hear it discussed pro and con. My way of attending to my obstetric cases, is, as soon as one comes to my knowledge, to

impress upon the mind of the woman the very best I can, that it is essential to take remedies for any little trouble that may arise while carrying the child. If anything is the matter, a prescription for the symptom is given. If no inconvenience is suffered during pregnancy, no medicine is given. I never have had a case of no pain or trouble before labor, which did not make a rapid and thorough recovery after. When a woman is feverish at times and has a great deal of thirst, it means something, and ought to be attended to. As much may be said about any pain that is persistent in staying about a pregnant woman. Trouble may be looked for as regards the safety of the child when a woman goes through pregnancy without any sickness or nausea in the stomach. To be prepared for confinement, patients are advised to have an oil-cloth spread over the bed, and over that some material to absorb water and blood. When labor begins, the patient must dress for bed by fastening the gown to be worn, close up under her arms, then slip up over the limbs and body, some soft garment to protect the abdomen from any air that may be let in by the fanning of the bed clothes.

Being satisfied as to the presentation and position of the child, if everything is all right, the parts are manipulated just as little as possible. I keep informed of the progress of labor, never raising the cover more than to let my hand and arm pass under, and am exceedingly careful not to touch the limbs or thighs any more than is absolutely necessary. All the way through labor, I never expose the person of my patient in any way. Near the end of the second stage of labor I have hot water brought and apply clothes wrung out of it, to the vulva, using care to apply it to the posterior part of vulva, changing clothes often. In my opinion, if this practice was univer-

sally followed, there would be fewer lacerated perineums. After delivery, if possible, the child is taken to another room to be dressed, the saturated clothes removed, the mother wiped dry, and a dose of arnica given with the strict instructions for mother to be left quiet until she has some sleep. On waking from her first nap, the babe may be put to the breast. From now on until mother is convalesced we have a constant fight with all the old women in the neighborhood. The babe will cry, and it must have catnip tea or paregoric or some other concoction equally as bad. The mother if she is so unfortunate as not to have plenty of milk, must be wearied half to death by being advised to drink teas and slop for the purpose of increasing her milk, and one of the worst things to contend with, is the miserable habit of mother's drinking beer to increase the flow of milk. It is no uncommon thing to hear a mother say, Dr. ——— recommends beer for mothers to drink while nursing their babe, and it increases the milk wonderfully quick; while others say, "I have taken a drink of beer when I had no milk in the breast and in half an hour I had plenty of milk for baby." Experience teaches me, that mothers using beer while nursing their child, invariably has "a baby with the colic." The face also becomes bloated, flesh very soft, and if diarrhœa sets in it would be very hard to check. At such times if the mother likes milk, it is well for her to drink freely of that and take generally good, wholesome food. It is often the case the mother can not drink milk from some cause, and most generally her appetite is capricious; such persons, if we wish them to get strength, we have to advise, guard and guide their nourishment, and through that we must expect the babe to keep well.

CASE OF FACIAL NEURALGIA.

BY N. V. WRIGHT, OKMULGEE, I. T.

During the month of December, 1880, I was called to see *Chlo-e Sof-kee*, age 27, complexion dark, brown, chino-obscuro, tall, rather muscular, and mother of two children. I found her suffering from intense facial neuralgia. Flushed face; injected eyeballs; could not bear noise, bright light or the least jar; occasional nausea; every tooth sound; tongue with thick, yellowish-white, coat but *red* tip. Had been constipated for at least two months, during which time she had been having sharp stitches in the side and frequent attacks of neuralgia. The neuralgia would gradually increase in severity, until it would become unendurable, and then she would sleep it off. Each attack seemed worse than the preceding.

Here was what I would call a bryonia patient with belladonna symptoms, and I was tempted to prescribe the two remedies in alternation. But on further inquiry I ascertained that just before the first attack, and preceding the constipation, she had been troubled with *morning diarrhœa*, stools almost white. Before the passage, weight in the hypogastric region; after the passage, pains in the *sacroischiatic foramina*, and pains in the lower limbs. She had neither displacement of the womb or rectum. She checked the diarrhœa and pains with a bottle of blackberry balsam, after which the neuralgia, constipation, etc., came on.

I decided to give podophyllum; would gladly have given the sixth, but had none but the first trituration with me. This was about 3 p. m. Gave one powder and left two others, with directions to take one at night and the other in the morning, and to report during the afternoon.

The pains entirely ceased within thirty minutes after the

first powder was administered, and as no other pains came on she neglected to take the remaining two. In the morning she had three copious stools, but since then her bowels have been regular, her appetite normal, and she has had no pain whatever, through to this date, March 19, she has taken no more medicine.

I have twice since been called on to prescribe for facial neuralgia, accompanying constipation, which had been preceded by morning diarrhœa, and on both occasions gave podophyllum 6x with entire success; and I am now convinced that facial neuralgia, or other complaint, accompanying constipation, which has been preceded by morning diarrhœa, is a good indication for that remedy.

OTITIS MEDIA SUPPURATIVA CHRONICA.

BY H. W WESTOVER, ST. JOSEPH, MO.

It having been my privilege to treat a large number of diseases of the eye and ear, many cases of chronic suppuration of the middle ear have come under my observation, and my excuse for calling your attention to this condition for a short time, is the fact that such patients are by no means rare, and the advice they often receive is equally unsatisfactory to both physician and patient; and if I can drop a few hints which will serve to assist any practitioner, to arouse a spirit of inquiry, concerning this *bete noir* to many of us, or help relieve a suffering mortal, I will be amply repaid. Too often is the unfortunate patient simply told to syringe out the ear with a little tepid soap suds as needed to preserve cleanliness, and instructed to outgrow it; too often are they told to see if it does not get better; that it is the sequel of some other condition, and that it will gradually correct itself.

But comparatively few practitioners are prepared to make a careful examination of the external meatus, tympanum and internal ear, and if we have the instruments necessary thereto we feel a hesitancy about a correct and intelligent diagnosis.

To intelligently treat a case of otorrhœa, we *must* have a perforated concave reflecting mirror, about three inches in diameter, with a head band, a barbed probe for cotton, angular ear forceps, an ear syringe and aural specula, three sizes, the silver tube speculum, with a funnel-shaped base, being the best for general use. These instruments are a *sine qua non* and others are convenient. The speculum which is often used, but does not meet our requirments, is Kramer's bivalve speculum, with long handles by which it can be spread, and the meatus put upon the stretch in the hope that thereby we can obtain a better view of whatever is to be seen; but the hairs and loose epedermis coming between the valves, obstruct the view more than enough to counterbalance the dilatation. This expansion is equally unnecessary and painful to the patients, often causing them to forsake the treatment, thus contributing to the emaciated condition of the physicians pocket book. Therefore let us devote a few minutes to the manner of examining the ear, as it is impossible to form a correct diagnosis, without thoroughly inspecting the auditory canal and membrana tympani if it be present, and in its absence we view the cavity of the tympanum.

In the first place, we do not use the direct sunlight, it being too dazzling and bright, so that minute changes cannot be recognized. Good, artificial light may be, and often is used; but the natural light reflected through a good window, from the clouds or an adjacent building, is preferable, as the color and condition of the parts is bet-

ter appreciated, especially if the examiner is not an expert. The patient is placed between the physician and the light, the ear to be examined being on the side away from the light. With the left hand the auricle is drawn moderately upward and backward, while with the other the speculum is gently introduced with a slight rotary motion, when it will retain its position, by being gently steadied by the left thumb, while the index and middle fingers retain the auricle in position. With the mirror we throw the reflected light into the meatus, and by rotating it a trifle to right or left, soon bring the membrane into distinct vision, and as the speculum is slowly withdrawn, we obtain a view of different parts of the external canal.

But to return more specifically to the disease under consideration, we find that the discharge may be of various characters, being bland, or acrid and excoriating, it may be fetid or oderless, it may be serous, purulent or sanious, or it may be of an intermediate character, partaking more or less of the different varieties, and our prognosis will vary accordingly, being favorable if serous more doubtful if purulent and fetid, and unfavorable when bloody and ichorous with the characteristic odor of dead bone.

We often find a polypus sprouting from the walls of the tympanum, crowding through the perforated membrane and occluding the meatus, and only a careful examination will show whether its origin be in the middle ear or external canal. They are bathed in pus, the secretion of which is aggravated by their irritating presence, and they vary in size from an exhuberant granulation or nodule, to a growth which completely fills the meatus.

When a case of otorrhœa presents itself, we may be led astray, supposing the flow originates in the meatus

externus, and that the membrana tympani is intact, when in fact the pus is secreted in the cavity of tympanum, and slowly oozes through a small opening in the membrane. In this case a careful examination, assisted by Valsalva's experiment or the eustachian catheter will set all right, as air can be heard whistling through the perforation, which will be more readily visible afterward, and if fluid be contained in the tympanum, it will be forced into the external meatus, and may be seen by means of the mirror and speculum.

Patients sometimes suppose the discharge to have ceased, when we will find in the cavity of the tympanum a mass of dried pus and cerumen. Impacted cerumen is also not an uncommon occurrence during a chronic suppuration of the middle ear. The pulsation which at times is noticed at the bottom of the canal, is a suspicious circumstance, showing the proximity of a throbbing vessel.

In treating these cases, the condition of the fauces must not be neglected, as an inspection of the pharyngeal space often gives us valuable indications for the drug which is homœopathic to the otorrhœa, and in curing one condition the other will be greatly benefited or completely cured.

In nearly every case of chronic suppuration of the middle ear the fauces will be implicated. Indeed, it seems that a chronic inflammation of the naso-pharyngeal mucous membrane, is very liable to result in a diseased condition of the cavity of the tympanum, the disease seeming to extend by simple continuity of tissue.

The catarrhal inflammation of the tympanum, does not necessarily result in otorrhœa, for all who have had occasion to devote considerable attention to the ear have seen hundreds of cases of otitis media catarrhalis chronica, with no external discharge.

However in my experience, the most prolific cause of chronic suppuration of the middle ear, is the inflammatory condition so often produced by scarlatina and measles. If you go to the asylums for the deaf and dumb, you will find that deaf-mutism is a frequent sequel to scarlatina and measles, and that these diseases afford the most prolific recruiting ground for such institutions.

When we reflect that this is largely due, either to the incompetency of the practitioner, or the neglect to examine the ear, and carefully watch for and correct all untoward symptoms, even when not prominent, we are prepared to see what a fearful weight of responsibility rests upon the profession.

When we consider the important surroundings of this little organ of hearing, we will not be surprised at the frequent baneful effects of its diseased condition, but will be amazed that fatal results do not occur more frequently. Therefore let us briefly consider the anatomy of the tympanum and petrous portion of the temporal bone.

The tympanum is placed above the jogular fossa, only a thin plate of bone intervening between it and this important vein, the carotid canal lies in front, with only a tenuous bone intervening, and the mastoid cells are behind. Its roofs are formed by a very thin asseous lamina separating it from the cranial cavity.

It communicates with the pharynx by means of the Eustachian tube and in the posterior wall are the openings of the mastoid cells, which are convenient receptacles for pus, and are only separated from the lateral sinus, by a thin bony lamella, while the outer wall presents three small apertures, convenient paths of transit for inflammation to the meninges of the brain. Its internal wall is the abyrinth wall, with its two fenestral, covered only by thin

membranes, and opening into the ramifications of the acoustic nerve, and the fluid which is continuous with that of the sub-arachnoid space.

The mucous membrane of the tympanum, is in reality also the periosteum or the bone, and in many cases these thin bony plates are deficient, leaving in places only membranous partitions. to exclude the adjacent important vessels and organs with which this little cavity is in immediate relation, the disease of any of which is dangerous to life itself, and we can only wonder that so many live so long in the midst of such grave danger. Indeed an otorrhœa is a constant menace to life itself, and rapidly fatal results are more common than is generally supposed: therefore it behooves us to be careful how we violently wrench away a polypus, or jam our probe against a thin bone which may already be in a diseased condition.

As regards treatment we will not stop to consider the orthodox system of constitutional alterations and tonics, or local applications and lotions in vogue with the allopathic school, but proceed to the more specific indications for homœopathic remedies.

The only local applications usually needed, are air, by Politzer's method of inflation or by the Eustachian catheter, and warm water intelligently applied; and as this can seldom be done satisfactorilly by the patient, it had better be attended to by the surgeon, who can more thoroughly remove the pus and epithelial debris. If simple syringing does not answer every requirement, the following method mentioned by Roosa in his excellent work, is efficient for securing cleanliness.

"The ear is first carefully cleansed with lukewarm water, by means of a good hard rubber syringe. The bowl to contain the water coming from the ear should be held by the patient himself—unless a very young child be the

subject—and well into the glencoid fossa, when no water will be spilled. After this the ear is filled with luke-warm water, poured from a test tube or spoon, and the meatus carefully stopped by a bit of cotton wool. The Eustachian tube is then inflated by means of Politzer's method, and to such an extent, that a few drops of water are forced by the side of the cotton out of the canal. This is, of course, conclusive evidence that air has been forced through the tube into the middle ear, and through the hole in the drum head, into the external canal." The ear is again carefully syringed and examined by the surgeon. At the beginning of such a treatment, and especially in chronic cases, small portions of inspissated or glutinous material will still be found. These should then be thoroughly removed under a good illumination from a mirror upon the forehead, by means of a cotton holder, which is simply a slender steel probe, roughened at one extremity."

An impalpable powder of boracic acid, can be placed upon cotton and inserted in the ear, with beneficial effect upon the suppurative process.

In old cases of perforation, we may use Hinton's method of driving an injection through the tympanum into the pharynx, with a close-fitting syringe. Proof alcohol is good to stimulate the parts, and get up an action so that the indicated remedy can take hold.

You will notice that the drugs which will be mentioned, are mostly those which have a deep and lasting action on the tissues, and not those which principally cause functional disturbance. And here let me remark, that the best method is to administer the single remedy and give it time to assert its power, and not changing too often from one to another. Be not disappointed at slow progress, and be not overcome if disappointment sometimes rewards your carefully selected remedy, for we are dealing with a

stubborn foe, which will dispute every inch of progress. However I trust the following indications will be found reliable, as they have been verified in actual practice.

AURUM.

Necrosis of mastoid. Fetid pus with odor of diseased bone. Disintegration of ossicula. Ozoena, suspicious or syphilitic history. Differentiate from acid nitricum and silicea, by the general symptoms. Suicidal tendency; symptoms relieved by warm applications, aggravated by cold. Overdosing with mercury.

CALCAREA CARBONICA.

Fat, rapidly growing, fair-haired, soft-boned children: scrofulus subjects. Sweat about the head; feet cold. The pain pressing or throbbing, with tinnitus aurium. Thick, creamy, may be foul smelling discharge.

Strong tendency to granulations on membrana tympani.

Exuberant granulations; mucous polypi.

Hypertrophied tonsils; enlarged lymphatics.

Discharge apt to be profuse; muco purulent discharge.

Have seen a number of polypi in different subjects completly removed during the administration of this remedy, with no local treatment.

CALC. JODAT.

General symptoms quite similar to Calc. carb. Otorrhœa inclined to be rather more excoriating. More especially indicated by glandular implication, tonsils *very* large, pharyngeal tissues boggy and hypertrophied.

CAPSICUM.

Periostitis of mastoid, and suppuration in mastoid cells:

tenderness, redness and swelling over mastoid process, acute pain, violent pain deep in the ear. Pus not particularly offensive. Often affords great relief when an inflammation of mastoid cells and threatened meningitis is developed in a chronic otorrhœa. The pains in and about the ear are acute, shooting, with bursting headache, thirst with chilliness and shiverings.

CHAMOMILLA.

Acute exacerbation, sharp shooting pains: patient irritable, can't endure the suffering. Especially applicable to children. Thin purulent discharge, excoriating, Auricle red and hot. Mental symptoms give the key note.

CHINA.

Pale debilitated subjects. A bloody purulent discharge under its use will become laudable pus, when another drug can complete the cure. If hemorrhage occurs in a spongy necrosed condition of the tissue, it is a serious symptom and strongly hints at a fatal issue. Several times in this condition China has accomplished wonders, the patients not only improving in general condition, but the flow of blood and bloody pus gradually ceased.

GRAPHITES.

Eczematous condition back of the ears; oozing of bloody pus; fissures. Snapping and cracking, membrana tympani usually not perforated. Exudation of ichorous bloody serum.

HEPAR SULPH.

Useful in acute and chronic forms. Symptoms worse

at night, pains ameliorated by warm applications. Extreme tenderness of parts, more painful to contact than would be supposed. Stitching pain from throat to ear. Thick cheesy or creamy collection in auditory canal. Thick purulent discharge; discharge not particularly offensive.

Disease of mastoid. During the administration of Hepar, two cases lately rapidly recovered where the meatus was completely filled with thick cheesy pus and epithelial exfoliation, and the pain rapidly abated. Hepar follows well after merc., but should never be alternated with merc. Useful after over-doses of mercury.

Slight injuries produce suppuration.

KALI BICHROMICUM.

Thick yellow fetid pus. Stitches from ear to throat. Ulceration of naves; chronic nasal catarrh; chronic laryngitis.

LYCOPODIUM.

Scrofulous patients: those suffering with abdominal troubles. Sequelæ of scarlatina. Chronic suppuration. Offensive ichorous discharge excoriating external meatus. Eczematous eruption around ear. A companion to Graphites; following one another well. Enlarged glands. Brick dust sediment in urine. Usually not sufficient for a cure, but prepares the way: a useful intercurrent remedy.

MERCURIUS.

There seems to be but little preference between merc. viv. and merc. sol., but I have drifted into the habit of generally using merc. viv.

It is useful in both acute and chronic cases. Chronic

cases that have taken cold, and suffering from pain. Pains often extending to the inferior maxilla. Pains aggravated at night. Fauces red; tongue flabby; difficulty in opening the mouth; sharp, tearing pain in ear, aggravated by warmth, ameliorated toward morning, often quite easy during the day; sensitive to cold; tenderness just in front of the meatus. Enlarged and painful cervical glands. Membrana tympani badly disorganized. Otitis secondary to exanthematous diseases. Bloody purulent discharge, and may be fetid. Excoriation and redness of lobule and meatus.

PULSATILLA.

Generally exceedingly well adapted to acute forms; very valuable when the disease is a sequel of measles. May be used during an acute exacerbation of a chronic case.

PSORINUM.

Filthy, peevish children; exceedingly offensive cases. Scabby ulcers on and aronnd auricle, oozing fetid, bloody pus. Yellow discharge, picking at ears; digging fingers into meatus. After debilitating illness. Have only used it during two years but have seen good results.

RHUS TOX.

Ichorous sanious discharge; offensive discharge. Vesicles upon auricle; intense itching, nightly aggravations. Eczema behind auricle.

Not frequently indicated.

SILICEA.

Silicea is the drug for ostitis and caries old chronic cases

when the ulceration has affected the bone. Ichorous offensive discharge, eminently applicable to the suppurative process. The great drug to control suppuration. The more laudable the pus the better the drug acts. Silicea is a good drug for caries in general, and is useful in such a condition of the temporal bone.

Cracking in ears when swallowing, itching in ears. Sensitive to cold air, keeps head wrapped up. Discharge not profuse; meatus externus generally dry; ulceration internal; ulceration of membrana tympani. Sometimes remarkable repair of membrana tympani.

SULPHUR.

In psoric patients not benefitted by other treatment. Tendency to eruptions and catarrhs. Itching, stinging in ear; sharp stitching extending to throat. Purulent offensive discharge.

Make selection from general symptoms and indications for the drug aside from ear symptoms.

TELLURIUM.

Discharge of watery, foul smelling fluid, smells like fish brine. Thin ichorous discharge leaving a red streak wherever it goes, causes vesicular eruption on ear and neck. Ear blueish red, infiltrated. Dull throbbing pain. A very reliable medicine when indicated by the watery ichorous fluid of peculiar odor causing vesicles on reddened surface. Sometimes difficult to obtain a view of membrana tympani on account of soreness of meatus.

THUYA.

Putrid discharge. Cranulations of warty condylomatous character. Thuya useful in blennorrhœic affections of mucous membrane, not with a carious condition of bone.

In addition to these special indications by ear symptoms, the selection of the proper drug will be greatly influenced, and often determined by the general symptoms presented by the patient, for the ear symptoms are often so vague and unsatisfactory that we are undecided as to the similimum, but when the indications for a drug by the ear symptoms are reinforced by the general constitutional symptoms of our case, we can dispense our medicine with a very cheering expectation of benefitting our patient.

DR. J. MILNER FOTHERGILL ON USE OF MALTINE.

[From the London Practitioner.]

In order to aid the defective action upon starch by the natural diastase being difficient in quantity or impaired in power, we add the artifical diastace "maltine." But as Dr. Roberts points out, in order to make this ferment operative it must not be taken after a meal is over. Rather it should be added to the various form of milk porridge or puddings before they are taken into the mouth. About this there exists no difficulty. Maltine is a molasses-like matter and mixes readily with the milk, gruel etc., without interfering either with its attractiveness in appearance, or its toothsomeness; indeed its sweet taste renders the gruel etc., more palatable. A minute or two before the milky mess is placed before the child, or invalid, the maltine should be added. If a certain portion of baked flour, no matter in what concrete form, were added to plain milk, and some maltine mixed with it, before it is placed on the nursery table, we should hear much less of infantile, indigestion and mal-nutrition.

AMERICAN DOCTORS.

American doctors have during the Congress just held in London, says a writter, received the highest praise and

gained the greatest laurels. It is a fact that the great discoveries of Bigelow in lithotrity were considered by everybody assembled at the Congress as being the greatest event chronicled of late years. Mr. John Eric Erichsen, President of the surgical section, went so far in his opening-address to say that "It is undoubted that a complete revolution has been effected by the skill and enterprise of one of our American brethren, for it cannot be questioned that "Bigelow's operation" has completely changed the aspect of lithotrity, and there is a very reason to believe that it constitutes one of those real advances in a method which marks an epoch not only in the history of the operation, but in the treatment of the disease to which it is applicable." This is strong language, when it is rembered how poor an opinion the majority of English doctors have professed to entertain of American medical or surgical practice, and to-day the *Daily Telegraph*, in a leading article, or editorial, calls special atttention to Bigelow as one of the leading surgeons of the day. This should be, and I know is, especially gratifying to the American surgeons who are in London at this moment.

THE PHYSIC OF OUR GRANDFATHERS.

[From the Virginia City (Nev.) Enterprise.]

W. A. Perkins, druggist of this city, has a curious old book, published in London, 1657. It is entitled, "The Expert Doctor's Dispensatory; or, The whole Art of Physick Restored to Practice," with the following sub-title: "The Apothecaries Shop and Chyrugions Closet Opend; wherein all safe and honest practices are maintained and dangerous mistakes discovered; and what out of subtilty to their own profits they have endeavered to reserve to themselves, now at last impartially divulged and made common. Together with a strict survey of the dispensatories of the most renowned colleges of the world, which being corrected, are here epitomized and drawn into an easier and useful method for practice.

Following are some few of the more agreeable among the many agreeable remedies with which our fore-fathers were dosed: "The fat of a cat, a plaster of mashed frogs, brain of a hare roasted, fat of serpents; the fat of men, foxes, vipers and dogs; oil of vipers, grease of a mummy; ashes of a man's skull, ashes of glass, of earth-worms, of an ass' liver, hedgehog, scorpions blood, cheese mites, wood lice, beetles, warts of a horse's hoof, pike jaws, craw-fish, the stoppings of a snail's shell in winter, crab's eyes, king-fishers, stones from an ox-gall; blood of a goat in wine; turtle-dove roasted with its belly filled with cinnamon; man's skull powdered and stewed in the milk of a sow;" spider's web, "especially if it be such as is full of the fine flower of mils or bake-houses;" clots of blood "dryed;" haire of horses and men burnt; burned sponge; soot scraped from the mouth of an oven or off a brass pot; oyle of frogs. The "oyle of frogs is recommended to those who are troubled with sleeplessness. It is said to operate "by sending mild vapors up to the head, to temper the hot, dry and sharp fumes that are in the brain." We all know (who have ever handled frogs) that they are cool to the touch.

For taking away scars are recommended "Fats and marrowes of men, asses, harts, and the fat of the fish Thymallus."

For wounds "Craw-fish, mummy, and crab's eyes" are recommended; also "earth-worms and hare's hair burned."

"Extractors" for "drawing out splinters and other things fastened in wounds. we are told there is nothing like "land snailes beaten with their shels, the head of a lizard powdered, or a fox tongue prepared as its lungs are moystened with red wine." Loadstone "draws forth iron and amber draws straws."

For a "moderate" emetic "the shavings of one's own nails drank in wine" are recommended.

Many things heartily recommended for various diseases are unmentionable to ears polite.

WOMEN AS PHYSICIANS.

[From the Cincinnati Gazette.]

Though the action of various Legislatures has shown that the dominant sex is not yet prepared to give women the equality which a full enjoyment of suffra gemay furnish, the actual extension of women's perogatives and employments during the last thirty years is enough to make departed advocates of oldtime conservatism turn in their graves. The change is specially marked in medical circles. Not very long ago a female physican was only heard of in the ranks of quackery and jugglery. If mentioned, she was at once classed with fortune-tellers and other humbugs. Personal incidents are always more forcible than general statements; hence the address of Dr. Rachel Bodley, a Cincinnatian by birth, at the late twenty-ninth commencement of the Women's Medical College of Pennsylvania, of which she is Dean, has unusual interest. The institution has 244 living graduates, from 189 of whom letters have been received in answer to inquiries set out. Of those replying, all but twenty-three are in active practice; 150 report that they are accorded due social and professional recognition, and only seven the contrary. Seventy-six tell how much they are making as follows: Twenty-four between $1,000 and $2,000 per annum; twenty between $2,000 and $3,000; ten between $3,000 and $4,000; five between $4,000 and $5,000; three between $5,000 and $15,000; four from $15,000 to $20,000; and ten less than $1,000. The average is $2,907.30. Sixty one answer the question, "What influence has the study and practice of medicine had upon your domestic relation as wife and mother?" Fifty-two of the number are married, and of these forty-five report "favorable," six "not entirely favorable," and one "unfavorable." Nine unmarried practitioners, after striking out the words "wife and mother," reply as follows: In three cases that there professional duties have prevented marriage; a fourth that she "has remained single for reasons entirely distinct from her profession," and seven others

that the interest of dependent relatives, etc., have kept them in celibacy. The author adds:

Returning to the answers of married women, because these possess the greater general interest, I remark that the song of domestic life, as I have listened with ear attend, has been sung in no minor key. In the melody (as the tabulated statement shows) are a few discordant notes, but these are such as a master might throw in to enhance the harmonies of his strain. For example, a thoroughly conscientious mother writes from her nursery, where three quite young children claim the mother's ministry: "The study of medicine is of great benefit, but the practice often interferès with my duty to my family." The clear, pure quality of the replies, as a whole, is truly exhilarating, for example: "Purifying and enabling. Married a physician, since I began practice. Am the mother of a boy of eight years of age." Another: "I keep house, and care for husband and three children as I would if not in practice; perhaps not quite as well, however."

Another: "I have not been less a wife or mother. My duties as such have never been neglected. At times I may have been more taxed than if I had not these duties to attend to." Another wife and mother, whose successful training of three children now in addult life entitles her to an opinion: "If the history of the families of women physicians were written it would be found that their children are well cared for, well trained, well educated; all this, and household-duties not neglected. * * * Women who study medicine are watchful and careful." Another: "As a wife my duties have never been interfered with as a mother I have been incalculably benefited. * * * My husband is also a physican, I am often enabled to assist him with his cases, both in diagnosis and treatment, and I often find his advice of great value to me. We are mutually, a help to each others."

On the whole Dr. Bodley is highly encouraged. She calls attention to the small number of deaths among the

graduate—thirty-two out of 276 in thirty years— as a refutation of the idea that the female constitution can not stand the wear and tear of medical practice, and dilates upon the usefulness of the graduates among their class at home and in foreign mission fields, and sums up by declaring that "the inherent vitality of the cause is in no manner more thoroughly demonstrated than in the fact that as workers fall or sleep, new oilers arise, the ranks close solidly up, and the work with accelerated strength moves on." She has certainly made a good showing for the institution with which she is connected.

PERSONAL AND GENERAL ITEMS.

DR. J. P. DAKE.—It will be gratifying to his many friends to learn that there is a decided improvement in the condition of Dr. J. P. Dake, who has been exceedingly ill with typhomalarial fever for two weeks past. At a consultation of physicians, a few days ago, at which Dr. Breyfogle, of Louisville, was present, assurances were given of a speedy recovery.

We have received from BOERICKE & TAFEL, Manufacturing Homœopathic Pharmacists, New York, one of Rends Galvanic generators.

It may be inserted into the vagina and rectum and worn without inconvienance.

It will be found to be a valuable adjunct in the treatment of chronic uterine diseases.

Professor E. C. FRANKLIN has resigned his position as dean in the Homœopathic department of Michigan University and has been succeeded by Dr. J. P. WILSON.

Dr. FRANKLIN has announced his intention to return to St. Louis, the field in which he achieved his greatest triumphs, and were his friends are anxious to welcome him.

Editorial.

THE FUTURE OF THE COURIER.

With the beginning of Volume 3 of the HOMŒOPATHIC COURIER a number of radical changes will be made:

First. Dr. Lee H. Dowling, Special Lecturer on Chemistry and Electrology, in Hering Medical College, of this city, will become the managing editor;

Second. It will be made a medical journal for the masses as well as for the busy practitioner. It has been unquestionably demonstrated that the more the people know of homœopathy the more highly do they appreciate it, and the more educated they become in medical science the more positively do they learn toward homœopathy. The COURIER will hereafter go forth as a helper of the practitioner in publishing the merits of the law *Similia, Similibus Curantor* among the masses.

Third. It will publish only "pith points in practice." The busy practitioner has no time to read long-winded articles, and the masses will not read them. Metaphysical questions and *theories* will be discussed very little in future columns of the COURIER. Only short, pungent items that can be fully grasped at sight by the practitioner and "home doctor" will be published. Paragraphs of a *few lines only* will be the rule, and in no case will an article, exceeding five hundred words, be published in a single issue.

Fourth. The subscription price will be reduced to *one dollar per volume* of twelve monthly numbers of *thirty-two* pages each. Volume III will, however, contain but ten monthly numbers, beginning with March and closing

with December, 1882. The March number will appear early in January, and preceeding numbers on the 15th of the month preceeding date of issue.

Fifth. E. Sellers & Co., No. 2022 North 9th Street, St. Louis, will be the publishers of the COURIER, with whom all business contracts must be made. The publishers have their subscription and advertising books already opened and patronage is solicited.

Sixth. All contracts for advertising and subscription made by Mr. Verdier, the present publisher, will be assumed by the new publishers.

Seventh. The same contributors and authors will be identified with the COURIER under the new management as under the old.

Dr. F. Park Lewis desires to inform his friends that, having returned from Europe, he has re-opened his former office, 230 Pearl Street, Buffalo, N. Y. Hours, 9 A. M. to 12 M.

LUTON'S EXHILARANT MIXTURE.

Dr. Luton, of Rheims, has found that the following mixture produces a highly exhilarating effect, somewhat similar to that of nitrous oxide, especially in excitable temperaments:

R. Tincture of ergot.....5 grams.
Sol. of phosphate of soda (1-10).....15 "

Take in a quarter glass of sugared water.

This produces "a lively gaiety and uncontrollable hilarity."

[This looks like personal revenge. Dr. Luton must have some spite against the manufacturers of the sparkling beverage for which Rheims is celebrated.—*Druggists' Circular.*

BOOK REVIEWS.

THE SCIENCE AND ART OF MIDWIFERY. By Wm. Thompson Lusk, M. A., M. M. D. Appleton & Co., Publishers, New York.

This work, which will be issued from the press early in October, will furnish to students and practitioners the most recent acquisitions in obstetric physiology and pathology, and full details as regards the obstetric procedure. The science and art of midwifery will not be considered as two distinct, independent subjects, but the one as the logical deduction from the other.

The sections devoted to operations and to the influences exerted by the contracted pelvis upon pregnacy, labor, and childbed, are based upon purely clinical experience, and are intended to furnish complete and safe guides to these difficult departments of midwifery practice. To be complete in one volume of about 700 pages, 8vo. Profusely illustrated.

A SYSTEM OF SURGERY IN TREATISES, BY VARIOUS AUTHORS. Edited by T. Holms, M. A. Cantaby. Vol. I. H. C. Lea's, Son & Co., Publishers, Philadelphia, Pa.

We are in receipt of this magnificent first volume of Holmer's Surgery Americanized by J. H. Packard, A. M., M. H., and find it to be one of the grandest productions of the century.

The present volume contains over one thousand pages of solid double column matter printed in the usual superb style of publishers who are recognized as among the first in the land.

There are two hundred and forty-five wood-cut illustrations and nine chromo-lithographic plates, including twenty-one figures, making it one of the best illustrated books on surgery that has ever been issued.

The list of authors contributing to volume one comprises twenty-one English and seventeen American

names, among which we recognize some of the ablest surgical writers of their respective countries.

The plan of the work is to let each contributor write up the subject or subjects on which he is a recognized specialist, thus bringing together in one work all that is known in the many departments of surgery, and presenting it to the practitioner at a merely nominal cost.

This book should be in the hands of every practitioner of medicine and surgery, and no one, we feel confident, will regret the small outlay that puts them in possession of it. The entire work will be issued in three volumes and it may be had through J. H. Chambers & Co., 401, 403 and 405 North Third street, St. Louis, Western managers for H. C. Lea's, Son & Co., and oblige. W. C. R.

LECTURES, CLINICAL AND HIDACTIC, ON THE DISEASES OF WOMEN. By R. Ludlam, M. D. Fifth edition; revised, enlarged and illustrated. Duncan Brothers, Publishers, Chicago.

This is a book of over a thousand pages, and without going into details or commenting invidiously as it were, on the many good things it contains, we will simply say that a better book on the subject has never been published.

It is pleasantly readable, scholarly, accurate and reliable on all the subjects of which it treats.

It is not, as might be inferred from the second, third and fourth editions, a mere reprint from the same stereotyped plates of the first, but an entirely re-written, newly-printed and newly-illustrated work.

All who have one of the former editions of this book know its worth and should not be satisfied till they have procured this last and best effort of the able author.

W. C. R.

DRUGS THAT ENSLAVE. THE OPIUM, MORPHINE, CHLORAL AND HACHISCH HABITS. By H. W. Kane, M. D., New York. Presley Blackiston, Philadelphia, Publisher.

This is an invaluable work by an able author, and should be in the hands of every homœopath.

Especially will it be found useful to those who have habitually a tendency to prescribe the drugs whose dangers are so graphically portrayed in this little volume.

No one, after perusing the 224 pages that go to make up this book, will feel like prescribing the horribly dangerous drugs that have caused so much misery.

W. C. R.

CHEMICAL ANALYSIS OF THE URINE. By Drs. Edgar F. Smith and John Marshall. Presley Blackiston, Philadelphia, Publishers.

This little book contains upwards of a hundred pages, and as it contains the latest information on the subject of which it treats, will be found well worth the one dollar for which it is sold. W. C. R.

TRANSACTIONS OF THE AMERICAN HOMŒOPATHIC OPHTHALMOLOGICAL AND OTOLOGICAL SOCIETY.

Through the politeness of Dr. W. A. Phillips, we are in receipt of a copy of these transactions. There are fourteen good articles, making a pamphlet of 80 pages, which may be had for 50 cents of Dr. Park Lewis, Secretary, Buffalo, N. Y.

LIPPE'S REPERTORY. Bedell & Bro., Publishers, N. Y.

We take great pleasure in announcing that the "Repertory to the more Characteristic Symptoms of the Materia Medica," compiled by Constantine Lippe, M. D., is completed and ready for delivery. This work was originally prepared by Dr. C. Lippe as his repertory, and having been examined by many physicians, he was strongly urged by them to publish it. The work is based upon the repertory to the Jahr's Manual, published at Allentown, Pa., in 1338, with additions by Dr. C. Hering. To this was added first Lippe's Text Book, then Laurrie's Jahr, and afterwards Boenninghausen's Pocket-book on Intermittent Fever and Whooping Cough; Bell's Diarrhœa, H. N. Guernsey's

Obstetrics and various symptoms collected from other sources. The endeavor was to collect in one volume the symptoms which many authorities and experience have proved to be characteristic. The author has done the best with the material at his command. The book will be valuable, as it contains much from books which are now out of print and not available to the student.

Dr. Lippe will gratefully receive any communications of characteristic symptoms which he has omitted.

It is neatly printed on good paper, in small but clear type, making in all about 325 octavo pages.

THE PHYSICIAN'S MEMORANDUM BOOK: A WEEKLY VISITING LIST WITH CLINICAL COLUMNS AND LEDGER SHEETS. Price $1.25. J. A. Miner, Publisher, Ann Arbor, Mich.

This new Visiting List has all the general advantages of books of its class. Its tables of printed matter are as serviceable as in any similar book; its size is that preferred by most physicians; and its variety of blanks cover all that is usually required in such books.

It has, besides, special claims to superiority in the general convenience of its blanks, its Ledger Sheets, its Clinical Record and its Cash Account.

The Weekly Record Sheet (32 families) provides for the usual record of appointments and visits, and the charges therefor.

It is good for any year and any time of the year, and more or less than a page can be used.

A TREATISE ON THE DISEASES OF THE NERVOUS SYSTEM. By Wm. Hammond, M. D. D. Appleton & Co., Publishers, N. Y.

We are in receipt of a copy of this most valuable book, which was reviewed in a recent number of the COURIER by Prof. Kent. We endorse all he said of the book.

W. C. R.

THE MEDICAL COUNSELOR now appears weekly, 16 pages. Price $2 a year.

The Counselor has long been one of our best monthly publications. We hail its weekly venture with pleasure and wish it success. W. C. R.

TRANSACTIONS OF THE WISCONSIN STATE HOMŒOPATHIC MEDICAL SOCIETY. 1881.

This pamphlet of 88 pages, containing 21 articles, is before us and we find its tone decidedly above the average of society proceedings.

Dr. E. F. Storke, Milwaukee, is the able secretary, to whom we return thanks for having remembered us.

W. C. R.

HOMŒOPATHIC THERAPEUTICS AS APPLIED TO OBSTETRICS. By Sheldon Leavitt, M. D., Professor of Physiology and Clinical Midwifery in Hahnemann Medical College, Chicago. Duncan Brothers, publishers.

This is a valuable little book of 120 pages, in which is mirrored most faithfully the indications of a limited number of drugs that are found useful in obstetric practice.

While the work is elementary in character, still it will be found to cover the characteristics of the best tried of our remedies, and should be in the hands of every practitioner. W. C. R.

THE HOMŒOPATHIC PHYSICIAN, VISITING LIST AND POCKET REPERTORY. By Robert Faulkner, M. D. Second Edition. Boericke & Tafel, New York and Philadelphia.

Every physician in actual practice needs a visiting list, and of all those that we have examined we find none equal to this. It contains calendars for 1881-82-83-84. Poisons and their antidotes. Ready methods in Asphyxia, an excellent condensed *Repertory* of 85 pages, seven pages for addresses, obstetric record, the remainder is taken up with daily engagements and prescription record. The book is bound in morocco in a splendid manner. Every physician should have one. J. T. B.

LIBRARY OF MEDICAL CLASSICS. Birmingham & Co., publishers, 1260 and 1262 Broadway, N. Y.

No. 1—MANUAL OF THE TREATMENT OF DISEASES OF THE RECTUM. By Henry Smith, F. R. C. S. Price, 25c.

No. 2—CLINICAL LECTURES ON THE DISEASES OF WOMEN. Delivered in Saint Bartholomew's Hospital, by J. Mathews Duncan. Price 35c.

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The Messrs. Birmingham & Co. promise to furnish twice a month for one year a book printed in pamphlet form for the exceedingly small sum of $8.

This method of re-publishing in cheap form the most valuable recent foreign publications will place them in the reach of those who might not be able to purchase them in the original expensive form.

The books will be sold separately for the price stated above, but we advise all to subscribe for the whole year. By so doing, twenty-four books ranging in price, in the original form, from $2 to $5, or say $60 to $70 worth of literature will be had for $8.

The character of the books and the ability of the authors are first-class. W. C. R.

A NEW FORM OF NERVOUS DISEASE. ESSAY ON ERYTHROXYLON COCA. By W. S. Searle, A. M. M. D. Fords, Howard & Hulbert, publishers, N. Y.

This little book of 138 pages is an interesting contribution to our literature.

The first part treats of a form of nervous disease heretofore not described by any author.

The peculiar habits of the American people as to work,

diet and education, no one doubts, tend to the development of many new forms of new lesions, and it is one of these lesions which Dr. Searle has written up for the profession. The book is a good one. W. C. R.

INDIGESTION, BILLIOUSNESS AND GOUT, IN THEIR PROTEAN ASPECTS. By J. Milner Fothergill, M. D., N Y., Publisher.

This is an elegant appearing volume of 320 pages.

The subject matter is ably considered by the eminent author, and we feel it our duty to recommend it to all who wish information on the subject. W. C. R.

FEMALE DISEASE. The result of errors in habit and hygene during childhood and puberty, with remarks on treatment of Rachialgia with igni-puncture, an interesting pamphlet of 45 pages, by R. G. Nunn, M. D., Savannah, Ga.

W. C. R.

THE AMERICAN HOMŒOPATHIC DIRECTORY AND YEAR BOOK.

In accordance with an understanding had with Dr. Pettet, publisher of the "North American Homœopathic Directory," 1877–78, the undersigned will issue, early in the coming year, a work to be entitled "The American Homœopathic Directory and Year Book." It will include, first, a directory of the homœopathic physicians of North America. Second, homœopathic societies, national, state and local, with times and places of meeting for the year 1883, etc. Third, public institutions, colleges, hospitals, public dispensaries, asylums "homes," etc., in which homœopathy is taught or practiced. Fourth, literature, titles of books, journals, pamphlets, etc., issued during the past year, with names of authors, editors and publishers, and the size, style and price. Fifth, pulic medical service, homœopathic physicians acting as members of health boards, pension examiners, surgeons in the army, navy,

national guard, or militia, physicians in government hospitals, prisons, amlshouses, etc., etc. Sixth, legislation enacted in 1861, specially affecting the rights and privileges of homœopathic practitioners.

The completeness and accuracy of such a publication must depend almost entirely upon the aid voluntarily furnished by physicians in all parts of the couutry. Without an abundance of this practical sort of encouragement I shall make but sorry work of it. I therefore appeal most earnestly that each reader of this notice will *immediately* send me by postal card his or her full name, state, county, postoffice, and if residing in a large city, the street and number. Especially should this be done by those who have commenced homœopathic practice or changed their residence since 1877, the date of publication of Dr. Pettet's Directory. It is also requested that officers of societies and public institutions will forward at once, such information as is above indcated, and that publishers will likewise transmit complete lists of their publications of 1871 for insertion in the Directory.

A copy of the work in paper cover will be sent to each physician who takes the trouble to forward his name and address, or who in any other way aids in its publication. A few copies will be neatly bound in cloth, for one dollar each. Applications for these, with remittance, must be sent not later than January 1, 1882. Address,

PEMBERTON DUDLEY, M. D.,
S. W. corner Fifteenth and Master Sts., Phila.